

The American Journal of NURSING

VOLUME XXVIII

OCTOBER, 1928

NUMBER 10



Shall the School of Nursing Have Autonomy?¹

With the permission of the American Hospital Association and of the authors of the papers, we herewith present the formal papers which were prepared for the Nursing Section of the American Hospital Association which met in San Francisco, August 9. The topic was "Does the School of Nursing Need Freedom from Hospital Control in the Interest of Nursing Education? How Would the Hospital be Affected by Nursing School Autonomy?" The outstanding points in these papers and the gist of the valuable discussions by Dr. Joseph C. Doane and Dr. Joseph B. Howland were presented in our news pages last month. The Association is to be congratulated upon its open-minded forward-looking policy in permitting this discussion. The growing accord between hospital groups and nursing groups, as such, that has been promoted under the leadership of Dr. Doane as President will undoubtedly continue under the guidance of the new President, Dr. Louis C. Burlingame.

Elizabeth A. Greener, Chairman of the Section, presented the question graciously and succinctly as follows:

I. Introduction¹

THE subject before us for consideration and discussion at once suggests many questions and comments having immediate bearing on the matter.

Why raise this question at this time and place?

To which the Nursing Section might answer that this topic should, in all courtesy and justice, be brought forward by the nursing group for preliminary discussion at the American Hospital Association, since the subject

involves many important issues which are of even greater moment to the hospital than to the school of nursing.

What type or types of control do we find in nursing schools at present? Why are they being criticised?

It is probably safe to say that at least 98 per cent of the schools of nursing in this country at the present time are under the absolute control, both physical and financial, of the hospitals with which they are associated. As early as 1923, the Rockefeller Report pointed out that:

The school of nursing, primarily an educational organization, is dominated by the

¹ Read at the Nursing Section of the American Hospital Association, San Francisco, August 9, 1928.

hospital, primarily an organization for the care of the sick, and because of the stress of actual hospital work, the educational needs of the school are entirely overshadowed.

As a result the prime object for which the student has enrolled, that of nursing education, becomes a matter of secondary importance. The report also pointed out that hospitals, almost without exception, are struggling with heavy economic problems which prevent a generous administrative policy in connection with the school of nursing which in many cases hospital authorities would otherwise favor.

Other questions arise: Are there any schools of nursing which enjoy a sufficient measure of freedom to make it possible for them to place the education of the student nurse as the first consideration? Or are there any schools in which hospital demands are not permitted to modify the nature and content of nursing education?

There is a decidedly limited number of schools where, because of separate control, separate funds, or an unusually liberal policy on the part of hospital authorities, a most helpful measure of freedom is enjoyed. There is no doubt that, as a rule, university schools have greater protection for their educational needs than has the average nursing school connected with a general hospital.

The most notable instance of an independent school, and practically the only one that has freely experimented with a curriculum in which students' hospital work is arranged solely from the standpoint of the students' need, is the School of Nursing at Yale University, of which Miss Goodrich is Dean and of which you will hear later.

What is the general attitude of the medical staff of the hospital toward nursing education?

Doctors whose first thought and in-

terest most naturally are centered upon the care and welfare of their patients become bitterly resentful when student nurses are taken from heavy wards to attend classes and condemn such practice in no uncertain terms. (What the patients think about it has never been ascertained.) Under existing circumstances just how nursing education is otherwise to be acquired, no one ever tells us. The only doctors who are at all patient with us are the ones who do the lecturing. It must be said, however, that the very doctors who do the most fussing about students being taken off the wards to attend classes are the first ones to protest when a graduate nurse is sent them who appears ignorant or shows a lack of adequate technical knowledge in connection with her nursing tasks.

There are about 2,200 schools of nursing in this country and 92 per cent of such schools are found in general hospitals. Over 500 of this number are associated with hospitals numbering 40 beds or less. Should 40-bed hospitals continue to train nurses? Are they qualified to do so properly, even with affiliations?

It is apparent to those who have given considerable time and thought to this subject that no radical change can be successfully made until hospitals are in a position to answer certain vital questions.

1. Is nursing with a student-nurse body the best possible way to care for the nursing needs of the hospital or could we possibly develop a better type of service if we were all determined to do so?

2. What does the present system of nursing with the student-nurse group actually cost each hospital?

3. What would each hospital have to pay for an equal amount of nursing service furnished by graduates or others?

4. How can any hospital possibly supply such information accurately unless its school is on a separate budgetary basis?

In the recently published report of the Grading Committee, certain other questions of vital concern to the hospital are raised:

Why do hospitals run nursing schools? Is it to provide graduates for local needs? Or to provide stable hospital nursing service? Or to save money?

Hospital spokesmen quite often list the training of nurses among the four cardinal objects of the hospital, ranking it with the care of the sick, the education of physicians and medical research. But the Grading Committee does not, apparently, take these declarations seriously.

The Grading Committee also asks how many schools of nursing are actually needed in this day and age; how educational standards for the nursing profession can be raised to meet the public needs, and how can the hospitals with heavy economic burdens possibly afford to give up their schools or to limit them?

At the same time, the Committee has gone on record as holding strictly to two principles:

1. No hospital should be expected to bear the cost of nursing education out of the funds collected for the care

of the sick. The education of the nurse is public responsibility.

2. The fact that the hospital is faced with serious financial difficulty should have no bearing upon whether or not it should be connected with a school of nursing. The decision should be made upon the kinds and amounts of educational experience which the hospital is prepared to offer.

It is obvious that there can be no immediate or sweeping change from one extreme to another, but cannot the hospital group and the schools of nursing find some rational middle ground which will be acceptable, desirable and helpful to both groups?

Dr. Burgess tells us in her report that reforms do not come about by miracle, that some one has to work—and to work hard—to bring them about.

The problem facing us is clearly one that calls for broad, frank analysis, much constructive work, and much clear and unimpassioned thought. James Harvey Robinson says that "few of us really think at all and many of us when we think we are thinking are merely rearranging our prejudices."

Let us hope that as a result of this meeting we may at least find ourselves able to rearrange our prejudices to such an extent that some permanent improvement in present methods may be effected in a matter of such vital importance to both groups.

II. The Separate School of Nursing and Its Budget¹

By ANNIE W. GOODRICH, R.N.

MY interpretation of the subject upon which I have been requested to address you is in its bearing upon the larger problem under discussion. I welcome this

approach, for I have come to look upon the financial adjustment of any given life activity as a means of accurate measurement, the acid test, as it were of the *quid pro quo* of the proceeding. The limit of time, however, demands that this aspect of the case before us this evening—the autonomy of the

¹ Read at the Nursing Section of the American Hospital Association, San Francisco, August 9, 1928.

school of nursing—be dealt with concretely and concisely, a difficult task indeed in view of the complex and varied problems involved. There can be no question, however, of its important bearing upon the great objective of all concerned—the provision of an adequate and efficient nursing service for the arising sickness and health needs of the community.

As doubtless some are aware, a conference was held recently of nursing schools connected with colleges and universities at Teachers College, Columbia University.¹ It would perhaps assist in this discussion if I read the conclusions reached following the conference, on the cost of nursing education:

A very definite increase in the use of graduate nurses for the nursing care of the sick in an effort to stabilize the nursing service and to ensure a balanced practical content for the student.

An increasingly desirable type of graduate available for such nursing service.

Increasing evidence that the curriculum generally accepted as required for the professional preparation of the nurse today makes the student body as costly, or even more costly as a method of caring for the sick in the hospital, than a salaried graduate staff.

The preparation of the annual budget of the school of nursing as distinguished from the nursing service of the hospital, as an important first step in solving the problem of costs.

A committee was appointed to draw up a resolution which was passed at a later session of the Conference, as follows:

WHEREAS we, as representatives of schools of nursing connected with universities and colleges, believe that such schools require an income from endowment or other sources which will ensure an educational program worthy of university recognition and that budget-keeping is essential as a basis for the comparison of costs relative to nursing education as opposed to nursing service for patients,

¹ A report of the proceedings of this important conference may be secured from the National League of Nursing Education. Price, \$1.

Be It Resolved: That every effort be made by the representatives of each attending organization to prepare budgets in order to determine more accurately the separate costs of nursing education and nursing service to patients.

The factors to be considered in budgeting for any project that combines an educational program with a life activity will obviously differ, and sometimes widely, in accordance with the various expressions or activities involved, but there would seem to be no better clearing house than that provided through budgeting for each particular activity, without regard to any other directly or indirectly related activity, since it is these overhead or side issues that cause the confusion.

The budgeting, for instance, for the nursing service of a hospital that maintains a school of nursing in, or would be, a comparatively simple matter if attacked from a purely business standpoint. This is borne out by the ease with which the cost of the nursing service of a hospital is accounted for that depends entirely on a graduate and, therefore, salaried staff, or a visiting nurse service the staff of which is salaried, with the students constituting only a small subsidiary unit also. There is little, if any, difficulty in ascertaining the cost of the housekeeping department or of other groups of salaried employees. The difficulty arises through the projection into the situation of an educational unit through which a content of education is to be the return for service rendered by the student body.

It will be found, however, that certain information is basic to a correct estimate of every budget concerned. A correct estimate, for instance, of the cost of any form of nursing service can only be reached after a careful study and analysis of the time required for such service, a more involved and

involving process than words imply; but not less important to the school of nursing than to the hospital is the answer, for not only upon it depends an equitable adjustment of the student service, but it is also an important factor in determining the program of student instruction.

May I say, in passing, that computations on the hourly basis are desirable, as this unit of time seems to accord with estimates in this and other fields of work, a common denominator as it were, which makes comparison an easier matter. Fortunately such studies and analyses are now under way, while several helpful and illuminating reports are already available in printed form.

The first, I believe, was that made several years ago by Miss Greener which presented the required time as four hours and forty-nine minutes per patient, while more recent is the study made by Miss Sellow of the Children's Hospital of Western Reserve University, Cleveland, which presented the following:

- The child of one year or thereabouts, an average of 5 hours a day
- The child of five years of age, an average of 7 hours a day
- The child of ten years of age, an average of 6 hours a day

This very closely accords with the studies made in our own Pediatric Department, of which the instructor reports that a detailed time study made of the actual nursing care needed by the average baby, showed that a ratio between nurses and patients of one to one is necessary in the correct administration of a pediatric service including milk laboratory.

A time study of hospital procedure by Miss Tracy, Instructor of the Yale School of Nursing, has been recently

published.⁴ Here we find comparisons of another aspect, but important in their bearing on the question.

The purpose of the study is threefold:

First, to determine what is the required care for the average surgical patient.

Second, to estimate the amount of time required to carry out the usual procedures used in the care of surgical patients.

Third, to estimate the nursing staff required to cover adequately our surgical wards.

Average number of patients per day, woman's surgical ward.....	25
Average hours per week of staff nurse	52
Total number of staff nurses required to cover ward.....	8.10
Average hours per week of affiliating student.....	44
Total number of affiliating students required to cover ward.....	9.6
Average hours per week of Yale students.....	32
Total number of Yale students required to cover ward.....	13.2

There are other hardly less important factors that enter into this complex problem of the cost of nursing education and nursing service, each one, however, clarifying appreciably when dealt with temporarily from a single angle; for instance, the cost of nursing education as such. At once we approach the problem on the basis of education and deal with the subject as part of the educational system, relating it to whatever division it most closely approximates. In the case of the school connected with the university, the budget must conform to the established methods of any given institution, and usually falls under two heads: Salary and Miscellaneous Expenses. The former, with its rather simple nomenclature, accords with the salary budgets of any business enterprise; while under Miscellaneous Expenses naturally fall the overhead of upkeep and depreciation

⁴"A Time Study of Nursing Procedures Used in a Variety of Surgical Cases," by Margaret Tracy, R.N. May be obtained from the Yale School of Nursing. Price, \$1

and fees to other departments or institutions. The resources usually fall under two heads: (1) Subsidies through state appropriations, gifts and endowments; (2) Student fees.

There is here no problem of maintenance; that is to say, no problem of educational content in return for service rendered.

There is, however, today, in every university, from the most richly endowed, privately supported, to the state institution, a large body of students partially or wholly self-supporting.

Again, there is an increasing tendency to relate education as expressed in theoretical content to life activities. This tendency finds its expression in schools of agriculture, journalism, business, and the like, or under such programs as that being developed at Antioch College. Both these tendencies have resulted in ways and means whereby, during the course, the student may earn money and his labor be evaluated in terms of dollars and cents. For example, the payment per hour for student labor at one university ranges from fifty cents for unskilled, to \$3 or more for skilled. At another, two hours of domestic service per day entitles a student to board and lodging; board and lodging being obtainable on this campus at \$35 a month. In another, the maintenance item is covered by four hours a day of unskilled labor, while the cost is estimated at \$45 per month.

There are few, if any, colleges or universities where the students' fees meet the expenditure for education. There is an increasing tendency to raise the fees to cover the actual cost; but in any case the fact of the cost is made clear to students unable to meet such fees by providing scholarships and loans covering the amount.

The cost of education in these

institutions ranges from a few hundred to over \$3,000 per year, per student. It may be of interest to know that an estimated cost per student per year at the Yale University School of Nursing presents it as approximately \$440, if the affiliating students are included, as they should be, making a student average of 167. The Yale students pay a tuition fee of \$125 per year. The affiliating students do not pay a tuition fee, maintenance being given by the hospital in return for student service of 44 hours weekly. The School of Nursing assumes the cost of instruction which, since lectures are paid for at the rate of \$5 an hour, and each course, medical, pediatric, etc., provides 15 hours, is an appreciable expense. In addition, there is the cost of instruction by the nursing staff which includes, as well as classroom instruction, conferences and supervision. Of this time-consuming factor the supervisor of pediatrics reported last year as follows:

With such a large number of students a heavy teaching program was obviously required. The lectures and clinics by the physicians were given six times, including instruction to Yale students. The nursing classes were repeated eleven times. Two hundred and ten student nurses received instruction in these courses.

In addition to formal classroom teaching, increased ward teaching has been needed. Each new group of students received two and one-half hours of instruction. The milk laboratory requires twelve hours of instruction weekly. Much time is needed for teaching supervision in the ward.

The large number of students has required an increased amount of time for record correction and instruction. At least four hours weekly are needed exclusive of student conferences. The instructor feels that sufficient time has not been allowed for this.

The nursing staff has consisted of three graduates during six months and two graduates during the other six months.

In conclusion it would seem reasonable to state that the extensive teaching program

imposed by the number of students demands the full time of one person if it is to be carried out with any degree of real success. The instructor should be an integral part of the ward from the teaching point of view, but free from all administration.

I mention this cost of the affiliating students to indicate the difficulty that arises when dealing with instruction that falls under the apprenticeship-methods of meeting costs.

I am of the opinion that this supervisor's conclusion and the figures of Miss Tracy's study do not over- but rather underestimate the staff required. A good teaching field presupposes adequate and efficient care of the sick.

I believe that in order not only to provide a suitable teaching field, but to stabilize the service, there should always be a staff of graduate nurses to supplement the student body for the actual nursing care of the patient, and there should be no more carefully selected or competent group. This

per day, per patient, of nursing care expressed in hours, and the number of working hours per day or week per nurse—in California, we are happy to say, limited to 48—and the salary with or without maintenance, we have a figure that covers the major expense item of the nursing service; namely, the actual bedside care. The administrative and supervisory staff required for any given institution, with the nursing care rendered by a graduate body, gives the point of departure in determining the additional cost incurred through student instruction. That we are sorely in need of such clarification was demonstrated when recently the cost of nursing care per patient, per day, was sought, the answers ranging from 72 cents to \$2.51, the latter exclusive of the overhead of nursing education. A comparison of costs of institutions more closely related in type presented the following:

Per capita daily cost of nursing service.....	\$1.83	\$2.38	\$2.50	\$2.61	\$5.28*
Total daily average hours per patient of nursing and supplementary care.....	5.74 hrs.	6.82 hrs.	6.01 hrs.	7.56 hrs.	8.01 hrs.
Daily average hours per patient of nursing service, exclusive of supplementary care.....	4.03 hrs.	5.30 hrs.	4.05 hrs.	5.86 hrs.	5.42 hrs.
Daily average number of patients.....	585	194	208	228.7	90
Total cost of nursing and supplementary service.....	\$336,407.44	\$144,442.42	\$190,236.86	\$219,160.54	\$148,165.76

*Graduate staff only.

would require that every ward or group of patients should, in addition to the administrative staff of head nurse and assistant head nurse, have a ratio of one graduate to every three students, or an actual nursing service of one nurse to one patient which, on an eight-hour basis, would mean one nurse to three patients.

If we know the amount required

It was of interest to find that an analysis in one institution, over a period of years, of the percentage of nursing service in relation to the total cost per patient, per day, presented the following, during which period the per capita, per patient cost per week, ranged from \$16.70 (nursing, \$7.07), 1916, to \$46.62 (nursing, \$18.27), 1927.

Year	Hospital days, patients	Per cent
1916	82,682	.44
1917	85,575	.39
1918	83,468	.27
1920	68,100	.26
1921	69,193	.33
1922	70,360	.36
1923	67,646	.38
1924	72,965	.35
1925	81,704	.36
1926	87,302	.36
1927	83,966	.39

I must pass over entirely the question of the overhead of the nursing service in relation to the school of medicine—an appreciable item of costs—and I can only briefly illustrate, through one analysis, the studies called for in determining the overhead of administration and supervision, an analysis of the dispensary service in relation to the student experience.

Total number of visits, 54,189; daily average, 173.

Number of nurses:

Supervisor	1
Staff, full time	10
Staff, part time	2
Attendant, full time	1
Total number of hours of nursing service, per month	2,000
Allowance of 15 per cent for teaching and conferences	300
Supervisor	30 per cent
Woman's Clinic Instructor	15 " "
Pediatric Clinic, Assistant in Instruction	15 " "
Tuberculosis Clinic, Instructor	15 " "
Medical Clinic, Assistant in Instruction	10 " "
Special Medical Clinic, Assistant in Instruction	5 " "
Surgical Clinic, Assistant in Instruction	15 " "

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Time average, 15 per cent per nurse, spent in teaching and conferences.

SUMMARY

THE required content for nursing today can rarely if ever be found in one institution. It demands a foundation in the sciences which can be obtained at the least expense with the most satisfactory return through some college or university. The clinical experience, if it is to meet the needs of the community, must include preva-

lent types of disease and a large content of instruction in their prevention.

There are two types of school through which the required content can be obtained: the university school of nursing and the so-called central school of nursing. Through either one, the small hospitals desiring a student body can be effectively served. Such institutions can either make the preliminary or pre-clinic term a prerequisite for enrollment, or can enroll their students and then, through scholarships or other means, provide for the preliminary course.

Time does not allow a detailed consideration of the methods or means, but already the machinery is not only installed but working in several localities; to wit, the Universities of Minnesota and Washington; Riverside College, California, and the

central schools of nursing in Philadelphia, Milwaukee and Syracuse. The outstanding essentials in this evolution of schools of nursing, for such it undoubtedly is, are:

1. That every hospital should budget for its nursing service on the basis of a paid graduate staff.
2. That students, whatever the *quid pro quo* of the arrangement, should be paid for service

rendered and should pay for the educational content as such. There need not necessarily be an exchange of money, but there should be an analysis of costs in dollars and cents.

This does not preclude endowments for the nursing care of patients or for the costly educational content required

for the effective care of the sick today. On the contrary, it calls loudly for them, and large amounts are justified by the needs of society and the return that can be looked for from the qualified nurse.

III. From the Standpoint of the Municipal Hospital³

By JOSEPH C. DOANE, M.D.

I WANT to hasten to qualify as a friend of the nursing profession. For ten years I have had the privilege of delivering medical lectures in a very large school. I say that because, in sizing this audience up, if any of my remarks were to be misunderstood, I imagine that I would stand as much chance as the person who would say something derogatory of certain candidates for the presidency in our chairman's home town. I think the time has come, in the discussion of this problem, to depart from platitudes and speak one's opinion in a perfectly honest and sane sort of way. When the Committee for the Study of the Grading of Schools was appointed, it was formed to represent every angle of the problem, the lay person and the physician, the nurse, the hospital, the medical association. This committee has done a wonderful piece of work. I always marvel at the amount of information which Dr. Burgess is able to impart when she speaks. I wonder, however, whether the time has come when we are able to draw any very definite conclusions even from the immense amount of information, statistical and otherwise, which we have? I have no fear that schools for nurses will persist to a point that will produce a widespread indignity on the

part of those trained. There is a sort of balance which exists in most professions, a supply and demand balance which more or less governs that standpoint. Nurses who are trained and who pass through schools for nurses certainly benefit thereby, and the public benefits thereby, even though they do not practise their profession all their lives. The profession of motherhood is certainly benefited by the information, the knowledge, which nurses secure. I rather hesitate to accede to the conclusions which some have made that the time has come to dispense, in a lesser or major degree, with schools as they are, until we have delved more deeply into the reasons for the creation of schools and into the effect, widespread as it will be, upon the community as a whole. It seems to me, that there is but one rule by which we hospital people can travel; there is but one direction in which we can set our compass, and that is whether or not any policy, any procedure, any departure from a policy, is beneficial to the patient, to the composite patient, and therefore to the community health, to the nation's health, and to the world's health. If we hospital people bow to that line, remembering that the physician is trained because he is to treat sick people and that nurses are trained to improve community health and that the physician and the nurse are but humble members of that

³ Read at the Nursing Section of the American Hospital Association, San Francisco, August 9, 1928.

guild, then I think our sailing orders perhaps may be more clear than they are now. I do not know why the municipal hospital should have any different relationship to nursing school autonomy than any other hospital. The municipal hospital is usually a large institution. Money is perhaps more difficult to secure, patients are perhaps of a lower economic grade. Perhaps there are peculiar problems, such as the effect of city government upon hospital government and the like, but it would seem to me that the problem of the municipal hospital is common to most institutions.

I want to discuss very briefly three aspects of nursing school autonomy: (1) The administrative aspect. I do not agree with the opinion which some have expressed that hospitals always create schools for nurses as a means of profiteering on unsuspecting young women. From the administrative standpoint, it is also a rule which will bear scrutiny, that all lines of authority must and should converge within the institution. There are some schools for nurses of which I know, in which the directress answers to a committee, perhaps to the dean of a medical school, to somebody outside of the institution, presupposing that the autonomy of training schools means that the training school is a kingdom of its own, and that the director of a hospital exists in a parallel line of authority rather than a converging line. I do not agree that hospitals are responsible entirely for the present problem of nursing education. It is a matter which perhaps may have developed over a period of years, but I do not think that hospital administrators and boards of trustees have deliberately created the problem in order to save money, because the problem which these men have is the problem which you nurses have; it is a common

problem. I have said that from the standpoint of training school autonomy, I believe that lines of authority should converge. I mean by that, that all departmental lines from the standpoint of the conduct of routine business, should pass over the superintendent's desk, the director's desk or whatever his title may be. It has been said that schools for nurses require autonomy because of the deliberate or involuntary scrimping of training-school budgets. It would be a fine thing if each school could have its own budget; it would relieve distressed and distraught superintendents of much difficulty if an adequate budget could be set up for the training school. I do not believe that superintendents generally deliberately scrimp the school for nurses' budget and favor some other department. It will be said when we discuss autonomy of training schools, by the critics, by the uninformed critics perhaps, that this discussion is another evidence of the nurse militant who feels that now the part is greater than the whole, that a kingdom now must be created out of what was once a subdivision. I do not believe that is the purpose of the discussion of this subject. I believe you will agree with me that if it can be proven that autonomy of the training school is better for the treatment of past, present and future sick people, you will find no one in the hospital audience who will disagree. From an educational standpoint, would autonomy of the training school favor nursing education? I presume perhaps it might. In a municipal hospital, where funds perhaps, as I have said, are more scarce than in others, more money could be set aside for education, perhaps, and more instructors and better equipment could be provided. Finally, from a practical and humanitarian standpoint, the test, as I have

said, of any new principle is the test which is measured in the welfare of the patient, but education of internes and nurses still remains a valuable and very important by-product; it cannot be elevated to any higher scale in so far as the hospital is concerned. If schools for nurses can be created in the same way as a medical college is cre-

ated, and then nurses sent to hospitals to take their internship, that is a different thing. Finally, it is a weighty obligation indeed to admit young women to training schools for education, but it is to me a far more serious thing to admit a sick man to a hospital unless he can be properly treated.

IV. From the Standpoint of the Medical Director of the Hospital*

BY JOSEPH B. HOWLAND, M.D.

I INTEND to be brief because the answer to this problem is not known by most of us. If these questions could be answered, it would be very nice, but I am not going to prophesy very much. I am asked to discuss the question from the standpoint of the medical director of the hospital. Now the medical director is the executive officer of the board of trustees, and the board of trustees are the trustees for charitable funds—I am speaking now of the average general hospital. The hospital was founded for the care of the sick poor, the funds were given for that purpose, and the trustees feel that they must be very careful to administer those funds for that one object. They appoint a superintendent or director to carry out that object and to see to it that the policy is maintained, so that my remarks will be entirely confined to the point of view of the medical director trying to carry out the policy of his trustees. Now nursing is a very young profession, and it seems to be following much the line of what has happened in the medical profession. As you know, for many years, the teaching of medicine to medical stu-

dents was entirely a matter of apprenticeship. It led from that to a form in which there were many lectures and teaching in all of the specialties, and that has led rather towards a simpler form of giving fundamental subjects and more practical work in the hospitals. Now nursing has gone a considerable way in that same path. I need not tell you that; it is all a matter so recent that you know it. But we are discussing a continuing evolutionary process, and it just so happens that at this time, owing to the fact that we have the Grading School Committee, we have this subject brought up at many meetings, but the evolutionary process has been going on and it will continue to go on.

Now, to speak on the second question, How would the hospital be affected by nursing school autonomy? Of course that means, how would the hospital be affected if the training school were strictly on an educational basis, for if we had autonomy, that is what it would mean. Now we have heard Dean Goodrich speak on this subject, and I think we all believe that without a doubt it would be very much more expensive and that the funds of the average hospital would not be sufficient if we attempted

* Read at the Nursing Section of the American Hospital Association, San Francisco, August 9, 1923.

to conduct a school of nursing on a strictly educational basis. We must have much additional nursing service of the graduate type, and if we are going to have that kind of a school, we must have funds from some source given for that specific purpose. No doubt we should have it, but as yet the public has not been educated to understand that. That is one of the things we must do.

In Boston, for some time, I have been sitting in the committee discussing the desirability of a central school of nursing there, connected with Simmons College, and I believe that will come. Most hospital trustees do not think beyond the term of nursing the patient in the hospital, but it is easy enough to see that our problem

within the hospital itself is much broader than that, for many of you have tried to find adequate instructors, that is to say, teachers, who themselves were properly educated, and they are very difficult to find, so that at once it is easy to see that it is the duty of the hospital, of some hospital, to educate those very people that we must have, to continue successfully our schools.

It is a very complicated, ramifying problem. It is working toward its inevitable conclusion and nothing can stop it. It will mean that certain hospitals in the large medical centers will be the first to go into the central schools, and how far and how fast it will continue, I do not think any of us can tell.

V. From the Standpoint of the Private Denominational Hospital¹

By G. W. OLSON

THE literature dealing with nursing education has been enriched in recent years by a number of significant publications. Chief among these are: the "Report of the Rockefeller Committee on Nursing and Nursing Education in the United States"; M. Adelaide Nutting's book, "A Sound Economic Basis for Schools of Nursing"; and most recently the preliminary report of the Committee on Grading of Nursing Schools, prepared by its director, Dr. May Ayres Burgess, and published under the gripping but appropriate title, "Nurses, Patients and Pocketbooks." Besides these major publications a number of magazine articles have appeared dealing with questions related to nursing education. Throughout all of this

discussion there is evident a marked trend towards the separation of the school of nursing from the hospital as an integral and subservient unit and its establishment upon a basis of autonomy.

We are dealing in this discussion with the question of whether the school of nursing needs, in the interest of nursing education, to be freed from hospital control. An unbiased study of the literature referred to which undeniably presents conditions that are actual cannot fail to cause one to incline toward an affirmative answer.

While the educational standards of our individual hospital schools, under state regulation, have been raised immeasurably above what they were in their early days, there is still a good deal of the apprentice system left in them. Students are recruited because they are needed to staff the hospital,

¹ Read at the Nursing Section of the American Hospital Association, San Francisco, August 9, 1928.

regardless of whether there is a chance for them to make a living in their profession after graduation. The ambition of every hospital has been to run a training school, to expand the school with the growth of the hospital, to build a nurses' home commensurate with the size of the institution, and to keep this home filled to capacity. As thinking men and women, we must realize now that this cannot go on unchecked. The time has come to consider a change in our methods.

Nursing educators, who must be acknowledged as authorities, have reached the conviction that the time has come to release the nursing school from the bond of apprenticeship by which it is tied to the hospital. They frankly state the reasons that have convinced them of the necessity for this change. Here are some of them:

Schools of nursing at present everywhere rest upon an unsteady and precarious financial basis. Few of them are endowed or have any definite, assured resources for the conduct of their work beyond the provision which the hospital (whose nursing service the school is supplying) is from year to year able and willing to make. Most hospitals find it hard to get enough funds to keep their legitimate work going on a satisfactory basis. They cannot contribute to the support of schools—on the contrary, they must use the schools to help support the hospitals. (M. Adelaide Nutting: "Some Essential Conditions in the Education of Nurses.")

While standard professional education, such as law and medicine, architecture and engineering, has long outgrown the apprentice stage, and even such callings as journalism, business and social work are rapidly moving toward an ordered educational scheme, the training of nurses remains one of the few survivals of this earlier and largely outworn type of education. The nurse in the vast majority of cases still receives her professional training not in an educational institution independently endowed and organized as Florence Nightingale conceived it, but in a training school which is a part of a hospital and responsible for furnishing its nursing service. Such a school shares inevitably the essential weakness of the apprentice system;

its first liability is service, production, not education. ("Report of the Committee for the Study of Nursing Education.")

Again we quote Miss Nutting:

The system under which the school of nursing functions today belongs to a primitive stage of social organization. Its basis is a form of apprenticeship, centuries old, a survival of the past in striking opposition to other modern forms of education.

And from recent discussions by other persons who know whereof they speak I make bold to quote:

The present system does not allow a superintendent of nurses to think in terms of how many students she can educate properly instead of how many she needs to staff the hospital.

Present-day training inclines toward too narrow a scope.

The nurse must have a broader view of her profession than her own hospital gives her.

Our present system of training produces a lot of weak nurses. They are all right under home supervision, but lost when thrown on their own resources. They feel the need of the mothering of their own hospital.

The present-day graduate knows only the work of her own hospital and is not prepared to face the many perplexing problems which the future will inevitably bring.

In support of the last two statements I quote from Dr. Burgess' report:

Because supervision of the hospital training school is so exceedingly strict, it becomes possible for the school to admit as students many young women who will be useful hands and feet in the hospital wards, but who are not at all safe prospects to go out into the completely unsupervised graduate activity of private duty nursing after the hospital is through with them.

In the face of the authoritative statements quoted, with all due regard for the splendid character and high ideals of our denominational hospital nursing schools, I feel that we must admit that an affirmative answer to the first question of our subject is indicated. Personally I can no longer defend the individual hospital school as being the

best that can be devised in the interest of nursing education.

We come then to the consideration of the second part of our subject: How would the hospital be affected by nursing school autonomy?

It is assumed that the separation of the school from hospital control will be brought about through the earnest efforts and whole-hearted cooperation of the hospital authorities with educational leaders in the community interested in nursing education. Their action will result in either the incorporation of the school with a separate board and an affiliation with the hospital of which it has been a part, or the incorporation of a local college of nursing with which two or more hospitals form affiliation. A provisional pattern for the latter type of institution we already have in the central schools of instruction now functioning in a score or more cities.

A recent example of the first named type of separation of control is found in Santa Barbara, California, where the School of Nursing of the Santa Barbara Cottage Hospital recently was incorporated as the Knapp College of Nursing under a separate board and with a contract of affiliation with the hospital as the practical training ground. In the process the school received an endowment and the name of the person memorialized by the generous gift was given to the school. The contract of affiliation provides for payment by the hospital to the school of a certain amount for each student's services in the hospital. This payment goes entirely to the school, supplementing the endowment income, as do also the tuition fees paid by the students. One cannot fail to be impressed with the high educational basis upon which nurse training is placed by such an arrangement. Students are selected by the school

authorities, not by the hospital management. Requirements for admission are high, attracting applicants of a superior quality. It should be no more difficult for groups of hospitals to cause such colleges of nursing to be established in the larger centers than for this one hospital to do it in a small community.

But what about the cost and how is that to be met? Is it true then that the present system is of great financial advantage to the hospital? Very few are willing to admit that it is, and many are ready to prove that it is not. Personally I do not think that it is. Most of us have read Miss Greener's report on Budgets for Schools of Nursing, presented to the National League of Nursing Education at Detroit in June, 1924. This report gives the sum of \$1,285.15 as the cost to the hospital of teaching and maintaining a student nurse for one year. The hospital which I manage maintains a school of 120 students and the cost per student as calculated and in part estimated (for we do not keep separate accounts for the school) is placed at \$800 per year. That is \$96,000 annually. I am confident that in our city the denominational hospitals cooperating could support a very excellent college of nursing, with an outstanding faculty and splendid teaching equipment, on a per capita outlay no larger than their present cost.

The details of organization and operation of such a school are matters for educators to work out, but it is a fascinating subject for any hospital administrator to think about. Applications to such a school would be handled by a central committee on which the affiliated hospitals should be represented by their superintendents of nursing. Applicants should be requested to state their preference, if

any, as to which hospital they wished to receive their practical training in. There would naturally be many who would state such preference, but doubtless so many would leave the choice to the coordinating officer of the school that no student would have to be assigned to any particular hospital against her wishes. A satisfactory distribution as between hospitals should, therefore, not be difficult. Affiliations would be made with various special hospitals, such as babies', children's medical, children's surgical and orthopedic, etc., so as to give every student a well-rounded training. Extension courses in special subjects would be given in addition to the regular course.

The number admitted to such a school could be limited in the same manner as in schools of medicine. Students would pay a registration or tuition fee. During their training period in the hospital they would be supplied with uniforms and given their meals. They would live at their own homes, or in students' residences provided by the school at nominal rental, or at the nurses' residences of the hospitals, there likewise paying a small rent. Under this plan local students should not be compelled to move away from their own homes, and students from outside who preferred to live with relatives or friends in the city should be permitted to do so. No student should be forced to live at the hospital or in the school dormitories, if indeed any such would be provided at all. Such an arrangement would be a boon to hospitals whose nurses' homes are inadequate for their needs under the present system, as it would save them the investment of hundreds of thousands of dollars in such facilities together with subsequent carrying charges and upkeep. Their present homes would not be

rendered useless, for they could house the nursing department officials and supervisors of the hospital, the graduate general-duty nurses employed, and such non-resident students as doubtless would choose to rent quarters in the nurses' home of the hospital to which they would be assigned.

I believe that a college of nursing such as here roughly outlined would become a very popular school and the beneficiary of liberal gifts and endowments. Its usefulness would be readily understood by every thinking person. Vocational education is favored and fostered today as never before, and we have here a vocation of the highest order. I believe there would be no difficulty in securing a scholarship for every poor girl of outstanding ability who might apply.

But are we not now in the development of our plan brought face to face with another problem which to the denominational hospitals in particular looms large—the regulation or control of the life of the student?

Oh, with what difficulty we free ourselves from the bonds of tradition even in this progressive age!

"We have got to get over being traditionally-minded in this matter," said Mary M. Roberts in discussing nursing education recently.

What are the traditions which still influence us in our consideration of the training of nurses and which modern thinking must characterize as medieval? May I quote again from the so-called Rockfeller report:

Nursing dates from far back of the Christian era, as a natural exercise of the maternal instincts of women. During the middle ages it became a function of religious orders, and with that persistence of accepted ideas and conventions which marks all human affairs, there survives to this alien day, as ideals deemed appropriate to nursing, the monastic ideals of asceticism, self-abnegation, and obedience to authority.

To these monastic influences there must be added further the influence of the military model which it was natural that the first hospital training schools should adopt, following as they did so closely upon Florence Nightingale's Crimean episode and her reorganization of the army medical service.

These monastic and military traditions have, until very recently, dominated to an extraordinary degree not only the actual working of the schools of nursing but our habitual thinking about them. It has been an accepted tradition that the nurse in training should yield to her superiors an obedience which transcends even that of the good soldier, for it has no court of appeal; and that she should be governed by a sole dedication to duty which is derived from the earlier religious devotion of votaries.

But in a modern world and with the entrance into the training schools of young women actuated by the same mixed motives which actuate their contemporaries in other pursuits, these traditions are bound to be modified.

In the modern type of nursing school these traditions will not only be modified but wholly superseded by the new law of self-government which accords to the carefully selected, intelligent, healthy, honest and self-reliant students the "freedom to live their own lives under conditions which they themselves can control." (Prof. Marian Coats, President Sarah Lawrence College, in *July Forum*.)

Given the character of students which would be selected under the plan of admission to our school, we should not need to fear to let them live at their respective homes. If young women studying music, art, stenography, bookkeeping, or preparing themselves for teaching can be trusted to live without cloistral inhibitions, why should it be necessary to impose them upon students of nursing? We could expect better scholarship under

the new plan, for we should be free to insist upon it. Every principal of a training school knows how difficult it is under the present system to get rid of a mediocre student when she is regarded as an exemplary resident of the nurses' home. Under the new plan, students weak in performance could be eliminated without any such deterring considerations. The privilege of living at home would, I believe, result in a larger proportion of enrollment from our local constituency. Every superintendent of a church hospital in a large city knows how few young women we get from our own churches, largely because neither mothers nor daughters relish the idea of the cloistral confinement at the hospital and the restriction on visits to the home folks, when the home is so near, so dear, and so very excellent.

In closing my discussion I can think of nothing better or more fitting to say than to quote the following, spoken by a noted nursing educator, Isabel M. Stewart, of Teachers College, Columbia University, at Boston in June, 1921:

This is a critical period in nursing education and we must see clearly and build wisely if our work is to stand for the future. The first essential is that we should clear the ground of the old outworn or unsound timbers which are giving way under the strain of modern demands and the spirit of a new age. Then we shall be better prepared to rebuild our structure using the best materials and a sounder foundation, fashioning the whole plan on broader lines to accommodate the widely varied activities of our modern profession of nursing. We shall not be alone in this task of reconstruction. In many other fields of work old ideas are being discarded and new experiments are being tried. If we have faith in our work and in the world's need of it, we shall not fail.

VI. From the Standpoint of the State Board of Nurse Examiners*

BY ANNA C. JAMMÉ, R.N.

DOES the school of nursing need freedom from hospital control in order that it may more readily conform to requirements laid down by law? Does the present system make it difficult to meet these requirements and in what particulars are these difficulties apparent? Keeping to the purpose of this discussion, I will briefly consider two points which appear to me to embody the prominent difficulties in administration of the law under the present system of control of schools of nursing.

The administration of a school is under the administrative power of the hospital irrespective of whether the ownership of the hospital is private or corporate; owned by a county, a state, or a religious denomination; attached to a state university or a privately endowed university. The school is largely, and in the majority of cases wholly, dependent for its support upon the hospital. The students are expected to carry the nursing service in the hospital. The head of the school holds a dual position, that of superintendent of nurses and nursing, and director or principal of the school. She is at once an administrator and an educator. Her appointment is made by the superintendent of the hospital or, in some cases, by a board or committee. She is under the authority of the superintendent and is responsible to him for the nursing service. She is likewise under his authority for the administration of the school of nursing. Her position is open to the hazards of the politics of the hospital and of the

medical staff; her service may be terminated without just cause and abruptly; on the other hand, she may be retained beyond the period of her usefulness as an administrator or an educator.

In this dual function the superintendent of nurses must keep her nursing staff sufficiently full to carry on the nursing work of the hospital, therefore applicants to the school must be ever forthcoming. It is at this point that the boards of examiners encounter a difficulty in enforcing the educational and age requirement of the law. The average school in the United States will accept applicants of limited education and under eighteen years of age for the reason that they are of use in the hospital. These unfit applicants are failures throughout the course, are graduated, fail in state board examination, and serve to swell the ranks of incompetents in the field of nursing. Schools above the average, and we gratefully contemplate a few of these in every state, place their educational and age requirements even above those of the law and consequently attract more and better applicants. In such schools the requirements of the law are more easily fulfilled.

The second point, the economic, is necessarily important in hospital administration. The budget of the hospital naturally influences the school, and this influence is felt in the instruction of the students, the supervision of their practice experience, and in their living conditions. The schools, with few exceptions, have no budgets. There is no accounting system in the hospital showing the cost of the school, the per capita cost of each

* Read by title only at the Nursing Section of the American Hospital Association, San Francisco, August 9, 1929.

student and the value of her nursing service in the hospital, consequently the payroll alone determines the needs of the school as to instructors, supervising nurses, and personnel of nursing service.

The law requires a definite course of instruction to be given in class and at the bedside of the patients; the subjects are stated as also the services in which a student shall gain her experience. The number of teachers should accord with the size of the school. It is here that difficulty is frequently encountered. The hospital budget does not permit a sufficient number of classroom and supervising teachers; the salary may not attract well-prepared people and consequently the instruction fails to meet requirements. The nursing work is not properly supervised to ensure good teaching and good nursing.

The law requires that the student shall be trained in certain fundamental nursing work in connection with the major services in the hospital; namely, surgical, medical, obstetrical and pediatric nursing and their allied services as dietetics and psychiatry. This frequently necessitates affiliation with another hospital and school. The hospital not having sufficient facilities for experience is deprived of students during the affiliating period and graduates must be provided to fill the ranks of the nursing staff which is a tax upon the budget of the hospital, as a graduate appears on the payroll at a higher figure than the student. In many instances the necessary affiliations that must be met in order that the school shall remain accredited, are difficult to enforce.

Conditions in which the student lives during her training should be of such character as to promote her physical welfare. She should be properly and comfortably housed and her food should be good. Her youth demands suitable recreation and physical care. On this point the hospital budget is frequently restrictive and in consequence students are ill, lose instruction and the proper sequence of experience, consequently they may be deficient in meeting the requirements of the law and fail in state examination.

The school operating on its own budget, provided it is sufficient to insure its needs, would have a greater degree of freedom on the points brought out. The school of nursing presents the same features as any other school. Good entrance requirements are encouraging to well-qualified applicants; suitable control of the school develops good students; satisfactory living conditions ensure the health and general well-being of the students; proper teaching contributes good nursing to the hospital during the training period; on graduation the school gives good nurses to the state.

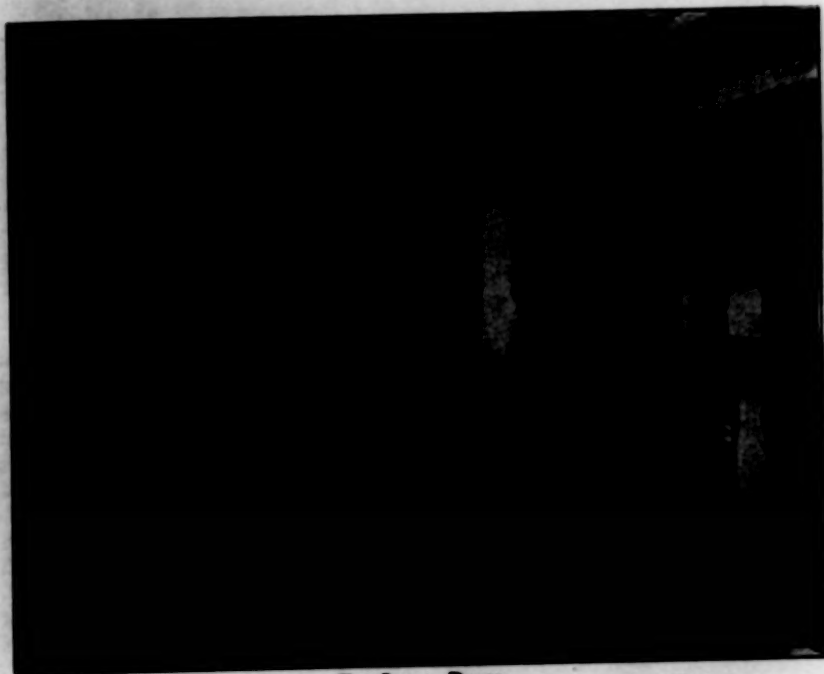
The nurse-practice acts exist for the purpose of giving to society a safe and competent nurse; this is the objective in the enforcement of at least a minimum requirement of instruction and practice. The present system has existed since schools of nursing were established and upon this system the nurse registration laws were formed. Whatever system will ultimately prevail, either that in which the school will remain a part of the hospital or be an institution of its own, the objective in the education of nurses should not be lost.

At Providence Hospital

UNDER the educational direction of Sister John Gabriel, the schools of nursing conducted by the Sisters of Charity of Providence in the Northwest are making consistently steady progress. The most recent addition to their physical equipment for teaching nurses is the Nurses' Residence at the Providence

The building is a five-story structure, exclusive of generous basement space which is taken up with laundry, trunkroom, ironing room and linen-room.

The first floor is divided into the offices of the Superintendent and her assistant, a large reception room furnished in wicker, tinted with green and



THE LIVING ROOM

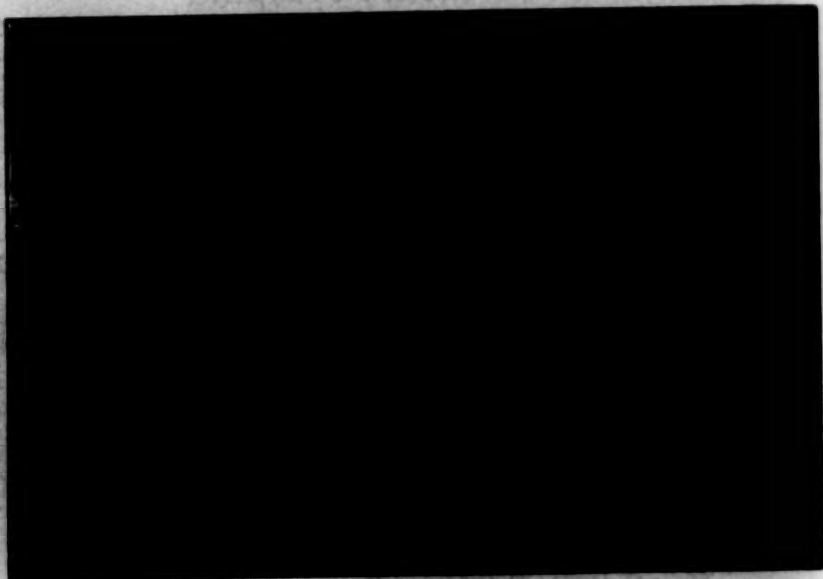
Hospital in Seattle which was erected at a cost of \$800,000.

Says Sister Gabriel, in response to enthusiastic comment:

We learn by experience. We have fifteen hospitals and as each plan is made we add new features to those we have already tried and approved, but the credit for them must go to Sister Joseph Anselme who has supervised the construction of several of our hospitals and homes.

gold. This room opens into a spacious living room with a capacity for the whole student body, if need be. It is most attractively furnished. Adjoining is a large kitchenette equipped with an electric stove, a refrigerator and dishes, making it possible to serve tea or other refreshments with very little trouble.

One entire wing, in a more remote



OUR VIEW OF THE LECTURE

part of this floor, is given over entirely to educational purposes. This wing contains two well-lighted classrooms, a well-filled library, a chemical laboratory and the office of the instructor. The classrooms are generously equipped with devices for teaching, including charts, skeleton, bones of every description, lanterns, reference books, a bulletin board, ample blackboard space and everything suggestive of modern methods of teaching.

The auditorium with a seating capacity of 1,000 is another feature of this floor. Next the auditorium is a large demonstration room fully equipped to carry out any procedure used in the hospital. Large double doors lead from the demonstration room to the stage of the auditorium, thus making it possible to demonstrate for a large group whenever necessary.

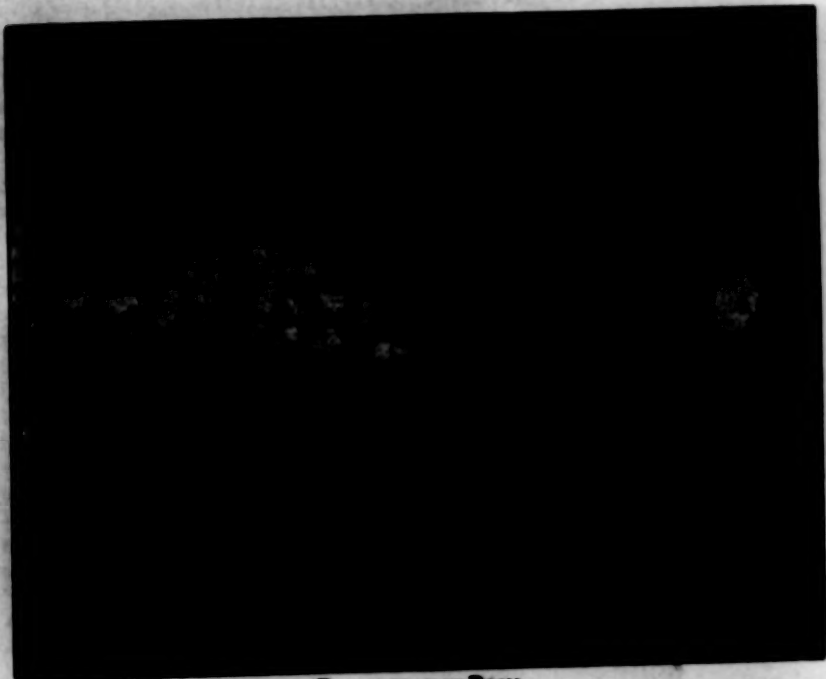
Four floors are occupied by private

and double rooms, numbering in all 150 individual sleeping rooms and 50 double rooms. These rooms are attractively furnished and equipped with hot and cold running water, a closet—with ample hanging and shelf space—which closes with a Yale lock. There are ceiling and bed lights in each room; in case of double rooms all the above equipment is duplicated. Large lavatories have a sufficient number of bathtubs, showers, basins and mirrors.

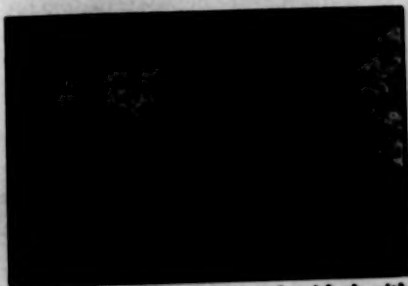
Electric fixtures for curlers are available at either end of the floor. There is also a telephone booth in each main hall throughout the building.

A special department for night nurses is provided, closed off from the main corridors by double doors so that perfect quiet is secured. One floor is now reserved for graduate nurses who form part of the staff.

The novel feature of this particular building is the division of the roof into

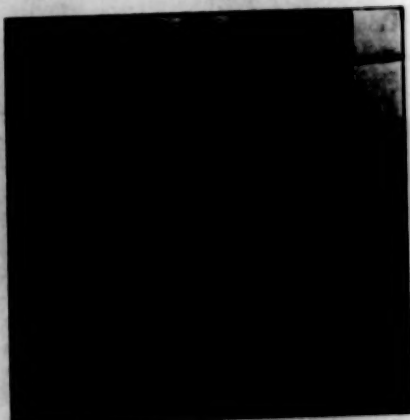


DORMITORY ROOM



The students' rooms are furnished with tasteful and comfortable simplicity.

a gymnasium with adjoining showers and lavatories, a spacious tennis court, and a large roof garden—all overlooking the most magnificent panorama in the Northwest—the city of Seattle and Puget Sound, with Mount Rainier and the extensive ranges of the Cascades and the Olympics looming up in the



One side of a utility room, showing sink, mop shaker, incubator, clothes chute, and closet for cleaning equipment.

distance covered with snow the entire year.

Physical Examination

BY KATHERINE I. ELLISON, R.N.

THE entrance requirements to the White Cross Hospital, Columbus, Ohio, are:

1. Four years, with diploma, from a Grade A high school
2. Active membership in an Evangelical church
3. Over 18 years of age
4. Good health
5. A certificate from a dentist

After a properly filled-out and signed application, school credits and references have been received, the applications are passed upon by the Superintendent of the Hospital and Training School Committee, and by members from the Board of Trustees. Those found to have satisfactorily met requirements are notified that the physical examination will be made upon a certain date, and are told to appear at the Hospital for this examination.

For the class to enter training September 17, 1928, sixty-six applications were accepted; of this number, sixty-three appeared at the Hospital, on July 17, for the examination. First the young lady was given a folder which had in it a sheet that was numbered. The family and personal history was taken by an interne; weight, height and blood pressure, by another interne. The chest and lungs were examined by the Chief of the Medical Staff. Eyes, ears, nose and throat were examined by the member of the Staff on that service for July. The feet were examined and an impression of both feet was made by the orthopedic surgeon. In the laboratory, a

full blood count was made, as well as a urinalysis and a Wassermann test for each girl.

The results were most gratifying. All Wassermanns were negative. One girl was found to have a chronic appendix and was notified that that condition must be corrected before she could enter training. (She was admitted to the Hospital two days later and the appendix was removed.) Fourteen were found to have diseased tonsils. These were also notified that this condition, unless corrected, would prevent their entering. Of the fourteen, only two reported an inability to comply, and these very regretfully because of the expense. (We hope to assist with this and make it possible for them to come.) The members of the attending Staff who assisted, as well as the Superintendent of the Hospital and the Training School staff, feel that the effort was very well worth while and that the School is reasonably sure of a happy, healthy group of probationers—a group that will feel that health is an asset, that it is profitable to observe hygienic rules, that to be either wealthy or wise it is necessary to be healthy.



A Record System for a Children's Hospital

IN a reprint from the *Archives of Pediatrics* for May, 1928, entitled "Contributions from the Children's Hospital, Cincinnati, Ohio," appears the description of a Record System for a Children's Hospital by Drs. Benjamin Hoyer, Frank H. Lamb and A. Grimes Mitchell.

Recent Study of Rheumatic Fever at the Philadelphia General Hospital¹

BY JAMES C. SMALL, M.D.

FOR many years it has been thought that rheumatic fever is an infectious disease. Certain common observations have supported this belief. Among these are: The appearance of rheumatic fever cases in greatest numbers during certain seasons of the year after the manner of other infectious diseases; the occurrence of multiple cases of the disease within a family; and the records of certain years during which either localized or general epidemics of the disease have appeared. It is also well recognized that rheumatic fever is frequently ushered in by an attack of sore throat. In fact, this observation has given rise to the suspicion that a certain type of bacteria, known as *streptococci*, are concerned in causing rheumatic fever. This group of bacteria is a very large one. It has been most difficult to subdivide it into the various species which comprise it. Recently from this large group a particular species has been identified as the cause of scarlet fever, and another as the cause of erysipelas. It is from this group that a new species has now been identified which appears to be the cause of rheumatic fever. This new species has been designated *Streptococcus cardioarthritidis*, in accordance with the accepted custom of applying names of Latin or Greek derivation to new species of microorganisms as they are identified. The name in this instance, when translated freely, means a spherical microorganism arranged in chain formations and concerned in causing inflammations of the

heart and of the joints. It thus appears that while the technical name is rather long and difficult to pronounce, it represents, in reality, a very condensed form of expressing the most outstanding characters of the microorganism.

The preliminary experiments with this new species of streptococcus have offered very suggestive evidence that it is the causative germ of rheumatic fever. In the first place, it was obtained from the blood of a patient suffering from rheumatic fever. It has been subsequently found in the throats of all of the rheumatic fever patients studied. In addition, it has been found in patients with diseases which are related to rheumatic fever. When the germ was grown on artificial medium, that is, outside of the human body, and suspensions of this growth injected into rabbits, a disease involving the joints, the heart, and the nervous system has been produced in these animals. So far as comparative studies serve to indicate, these abnormal conditions are analogous to the disease processes found in these structures in humans suffering from rheumatic fever. The most convincing bit of evidence, however, hinges about the very technical procedures involved in the production of an antiserum effective in treating patients suffering from the disease. These procedures can best be explained in general terms upon the basis of a hypothetical instance. When properly regulated amounts of an artificially grown microorganism, which is capable of producing disease, are injected into animals no disease results. Instead the animal reacts to the first small doses in a

¹Excerpts from an article in "The Scope" of the Class of 1928 of the Philadelphia General Hospital School of Nursing.

manner which enables it to resist even larger doses given subsequently. The animal, after a period during which repeated doses are given, becomes highly resistant to the effects of the microorganism. It thus becomes very well able to withstand enormous amounts of the germs upon their injection. This in part is due to the development of antibodies within the animal's tissues which neutralize the effects of the germs injected. The injections thus become harmless to the animal and serve only to excite the formation of more antibodies. These antibodies may be obtained from the animal through the medium of its blood serum. In fact, a sufficiently large amount of such antibodies may be produced in the serum of the animal, so that relatively small volumes of the serum will contain enough of them to completely neutralize the effects of an amount of the germs sufficient to produce very serious illness in man. If the microorganism attacks man, many of the harmful effects arise because of its formation of a toxin as it grows in certain localities in the tissues. It then follows that these effects may be terminated abruptly by the injection of an amount of antiserum sufficient to neutralize all of the toxin being produced. This amount of antiserum may be obtained in a conveniently small volume of the serum of the prepared animal. Once the toxin of the infecting germ is neutralized, its chief weapon of attack is destroyed and the patient gets the better of the fight against the infection. The toxins formed by the different disease-producing germs differ in their properties. The antiserum produced for one will have no effect in neutralizing the toxic effects of another. In other words, each toxin must have its own specific antitoxin if neutralization is to be accomplished.

These facts have been applied in the preparation of an antiserum specific for the disease-producing properties of the new species of streptococcus mentioned in connection with rheumatic fever. When adequate amounts of this antiserum were used in the treatment of patients suffering from acute rheumatic fever, very definite and prompt benefits followed. This was manifest by the disappearance of pain, swelling and redness from the joints involved; by a feeling of well-being with the decline of temperature; and by prompt recovery from the disease. When used in patients with chorea, or St. Vitus dance, a prompt disappearance of the muscle twitchings followed. It thus appears that an antiserum specific for the particular streptococcus described is also specific in terminating the toxemia of the disease rheumatic fever. This permits the conclusion, therefore, that the disease rheumatic fever is due to infection caused by the particular species of streptococcus mentioned above.



The Professional Man

WHAT are the things that distinguish a profession from other occupations? Louis D. Brandeis suggests three things:

First, a profession requires a preliminary training that is intellectual in character, and the achievement of a measure of learning, as distinguished from mere skill that may be acquired by experience.

Second, a profession is not supposed to be pursued merely for one's self.

Third, a profession is not supposed to measure its members' success by the amount of their financial return. . . .

I should suggest that any man is a professional man who does his work in a professional spirit, and I should define the professional spirit as a sense of public function looking toward the accomplishment of valuable social objectives, as the final justification of any claim a man may have to public respect and support.—*Glen Frank.*

Acute Rheumatic Fever Nursing Care and Treatment

By JESSIE E. MACLEOD, R.N.

THE past year has proven an extremely interesting and profitable one in the treatment of acute rheumatic fever. April 4, 1928, marked the first anniversary of the opening of the special rheumatic fever wards in the Philadelphia General Hospital. Two eight-bed wards were established with a special continuous nursing staff which made possible the development of special nursing care of these patients such as could not well be given in the general wards of a large hospital. During the past year, 150 patients have been taken care of in these wards.

The usual picture of a patient suffering with acute rheumatic fever is a very pathetic one. The facial expression is that of one suffering with excruciating pain. Multiple joints are reddened, swollen, tender, hot to the touch and extremely painful. The mouth is clammy; the lips parched and cracked; and the tongue covered with a heavy brown furry coat. The patient perspires profusely and presents, in addition, general malaise, anorexia and usually distention and constipation. One readily notes that the patient is very toxic and acutely ill.

GENERAL CONSIDERATIONS

IN selecting a room, it is advisable to choose one with plenty of fresh air and sunshine, and one which can be ventilated properly without exposing the patient to sudden and unnecessary changes of temperature.

In caring for patients suffering from acute rheumatic fever, one of the first nursing points to consider is the comfort of the patient. These patients suffer excruciating pain from the joint

involvements and it is of vital importance to keep them at absolute rest, not only from the standpoint of comfort, but also from that of conserving their cardiac energy. It usually requires two nurses to move a patient about. If possible, when selecting a bed for a patient, it is well to see that its width and height are such as to permit the patient to be comfortable and to allow nursing care to be administered without unnecessary exertion on the part of the patient. A narrow bed should be avoided. The mattress, one of the most important articles on the bed, should be soft and in good condition. Soft pillows, both large and small, are very important items to consider. They should be sufficient in number to make the patient as comfortable as possible by supporting the extremities in such a manner that the joints are held in slight flexion. A large pillow placed under the knees or elbows and smaller pillows placed under the lumbar region of the back relieve the tension and are a great comfort.

Warmth is a great aid in relieving pain. The nurse should keep the patient well covered, selecting woolen blankets because they give the greatest warmth with the least possible weight. A bed cradle is a very helpful device to remove pressure and weight of bed-clothing from painful joints. Air rings and small doughnut rings made of cotton and gauze, relieve pressure from the sacral region of the back and from the heels. It is imperative to employ these early because these patients develop pressure sores quickly due to their extremely toxic condition and their inability to move even the

slightest amount unaided. Air beds should be used for a patient who has been ill for a long period of time and in whom, perhaps, many complications are present.

Since these patients perspire profusely, they must be kept warm and dry. All draughts must be avoided because there is always danger of developing pneumonia. It is very annoying to a patient who is already unable to move about freely and who is suffering pain, to have damp clothing about him. Aside from the daily bath, these patients should be sponged with warm water from time to time. This is extremely comforting to them, and also helps to eliminate the sour odor of the perspiration which is so characteristic of this disease. Special attention is given to the skin because of the great tendency to pressure sores already mentioned. Such massage as the joint conditions will permit, using alcohol and olive oil, is very helpful. Massage will stimulate the circulation and thereby aid in elimination.

Since the mouth is a great source of infection, it should be cleansed frequently with the usual mouth washes. Too much emphasis cannot be placed on the care of the mouth and lips. The brown furry coat of the tongue disappears as the toxic condition subsides. The lips become parched and cracked but applications of a mixture of glycerine and lemon juice will overcome this condition.

WARD ROUTINE ON THE SPECIAL RHEUMATIC FEVER SERVICE

UPON admission, the patients are put to bed immediately. The doctor takes a complete history of the patient and makes a thorough physical examination.

The temperature of these patients on admission usually ranges from 100 degrees F. to 104 degrees F. At this

time the patient is quite restless and may be delirious. Tepid sponges are given for temperatures of 102 degrees F. or above. The cerebral form of rheumatic fever with hyperpyrexia is very rare and in those cases the only resort is immersion of the patient in a cold bath. Restraint is seldom used, as it can readily be seen how uncomfortable and painful this would be to the patient. When the patient is irrational, he should be watched closely by the nurse rather than placed in restraint.

Headache is not uncommon in acute rheumatic fever. The application of an ice cap will greatly relieve this.

Pain in the precordial region is a frequent complaint. Many of these patients are suffering from cardiac involvements, or are developing them. Ice bags applied over the heart give a great deal of relief. Nurses must be impressed with the fact that a partially filled and frequently renewed small ice bag will prove more beneficial to the patient than a large one completely filled. The latter would weigh too heavily on the chest, thus impeding the respiratory movements. The ice bag should be observed frequently, so that it remains in the proper position, since very often the patient moves it about, sometimes removes it entirely. The latter is particularly true of irrational patients.

The patients are bathed and fed by the nurse during the acute stage of the disease and later until the heart condition permits the patient to withstand the slight exertion attending self-feeding. We must conserve heart energy at all times.

All "p. r. n." medication ordered for the relief of pain such as codeine, aspirin, or sometimes morphine in small doses, should be administered at the designated time and interval, to ensure absolute rest and as great a

degree of comfort as is possible for the patient.

Patients very often suffer from abdominal distention caused by paralysis of peristalsis due to the patient's extreme toxicity. A saline cathartic is usually ordered for the patient soon after admission. The distention is relieved by the insertion of a rectal tube, by colonic irrigation and enemas, and by flaxseed poultices applied locally over the abdomen. It is very important that these patients have a daily defecation.

The kidneys should function freely and if patients are given large amounts of fluid, the kidney excretion is usually satisfactory. The proper functioning of the kidneys and the bowels is very important, due to the fact that much of the toxin is eliminated in this manner.

It is not uncommon for rheumatic fever patients to present a conjunctivitis. Irrigating the eyes with warm boric acid solution and protecting them from glaring lights, will usually take care of this condition.

During the acute stage of the disease, the patients are given a light diet, provided at regular mealtimes, and plenty of extra nourishment such as egg-nog, orange juice, cocoa, ice cream, milk shakes and grape juice at frequent intervals between meals. As the patients improve, they are permitted to have a more substantial diet, including meat and all kinds of vegetables, but the extra liquid nourishment at frequent intervals is continued. The type of diet has no particular influence on the disease, but we endeavor to build up the patient's resistance with extra feedings, so that he is the better able to combat the disease and eliminate the toxins more quickly.

The following studies are done which require the usual preparation of the

patient and assistance in collecting specimens on the part of the nurse:

- Blood culture
- Blood sugar, urea and uric acid
- Wassermann test
- Agglutination test for *Streptococcus cardioarthritidis*
- Gonococcus complement fixation reaction
- Icterus index and Vandenburg tests
- Complete blood count
- Opsonic index for *Streptococcus cardioarthritidis*
- Throat culture for *Streptococcus cardioarthritidis*
- Intradermal skin test with the anti-rheumatic serum to determine if patient is sensitive to the serum.

Other studies, if necessary:

- Vaginal or urethral smear for gonococci
- Electrocardiograph
- X-ray of teeth for focal infection
- X-ray of chest with cardiac measurements when possible.

Follow-up studies include:

- White blood cell counts daily
- Urine examinations twice weekly
- Repetition of throat culture for *Streptococcus cardioarthritidis* when negative on the first examination
- Opsonic index for *Streptococcus cardioarthritidis* three times a week.

SERUM TREATMENT

TWO types of the anti-rheumatic serum, the equine (horse) and bovine (cattle), both in concentrated form, are provided in 20 c.c. ampules.

The amount of serum to be used in a particular patient is determined by the physician. The skin test for sensitivity to serum determines whether the equine or bovine serum shall be used. The kind to which the patient is least sensitive is employed. The dosage of serum varies from 20 c.c. to 40 c.c. It is usually given in divided doses of 5 to 10 c.c. each at eighteen to twenty-four hour intervals, extending over a period of four days or less. It is given intramuscularly, usually into the buttocks or the thigh.

The serum is stored in the refrigerator previous to use and must be immersed in lukewarm water for five to ten minutes before being injected. As soon as the doctor withdraws the needle, the surrounding area is massaged well, so as to aid in the wider dissemination of the serum and thus promote its absorption.

There is less serum reaction following the bovine than the equine serum. A sterile syringe, hypodermic needle and a bottle of adrenalin are kept in readiness, so that this drug may be administered at once if the patient has an immediate reaction to the serum injection.

The nurse's responsibility toward the patient following serum treatment is a very important one. She must watch closely for any symptoms or signs of an accelerated serum disease which may come on from a few minutes to a few hours following an injection. It occurs most frequently in patients who are hypersensitive to the serum as shown by a skin test. The following symptoms may develop, warning one of this reaction. The onset may be with a chill and a sudden rise in temperature, a rapid thready pulse, delirium, urticaria, or shortness of breath. The "p. r. n." order for adrenalin should be given at once and the doctor notified immediately of the patient's condition.

Following a dose of adrenalin, any untoward symptoms from the action of the drug must be noted carefully and reported to the physician so that further dosage may be regulated accordingly, because some patients do not seem to tolerate adrenalin very well. Calomine lotion with phenol and menthol may be applied locally for urticaria of the milder grades.

The temperature, pulse and respiration records are made at three-hour intervals on all patients throughout

the period of hospitalization. If the pulse rate is irregular, it is always so noted on the patient's chart by the nurse. The three-hour records are continued on convalescent patients and are of great service to the physician in regulating the antigen treatment. Following serum treatment, the first response noticed is the alleviation of pain. This usually subsides in from four to eight hours following an injection of serum, but the tenderness, stiffness and redness may persist over a period of several days and disappear more gradually. There is a marked improvement in the patient's general condition during the first few days as shown by the brighter facial expression, the decrease in the white blood count, the rise in the opsonic index and a decrease in pulse rate, temperature and respiratory rate.

About the fifth day the patient may have a rise in the white blood count, accompanied by general malaise, anorexia, rise in temperature, pulse and respiration, and the appearance of urticaria. This marks the beginning of the period of serum disease, the duration of which varies from two to six days. The urticaria usually appears first at the site of the injection of serum and then gradually becomes generalized. If the urticaria makes the patient very uncomfortable, adrenalin is given hypodermatically and calomine lotion with menthol or phenol is applied locally.

About the second day of the serum sickness, the patient may complain of stiffness and pain in various joints. This is known as the arthralgia of serum sickness, and usually is accompanied by a leukopenia (low white blood count) thus being differentiated from a relapse of the arthritis of rheumatic fever in which there is an increase in the white blood count. Sodium salicylate, aspirin or codeine

relieve the patient of these symptoms which are of only several days' duration. It is during this stage we seem to have the most difficulty with elimination from the bowels, but this is carefully watched and cathartics are given to ensure a daily defecation. After the period of serum sickness has passed, we find our patients gradually moving about more freely, their entire facial expression changed to one of bright cheery smiles, their appetite improved and their general appearance one of comfort.

About the end of the second week the patient is started on small doses of the soluble antigen of *Streptococcus cardioarthritidis*. The usual initial dose is 2/100 c.c. of the 1:1,100,000 dilution with 80 per cent increases every seven days, if the opsonic index remains above normal, the white blood count and pulse rate remain normal and the patient does not complain of too many joint pains following the injection of antigen. The joint pains and stiffness usually occur within three or four days following antigen treatment and if they are too severe, the pulse rate and white blood count will be increased considerably and the next injection of antigen is then withheld for possibly nine or ten days, or until all signs of the reaction have disappeared. If the reaction following any injection of antigen is moderately severe, the same dose is repeated on the seventh day, but it is not increased until no reaction follows the last injection. The antigen brings about an active immunity which is of a more permanent character than the passive immunity conferred by the serum. The antigen treatment is continued until the doctor feels that the patient has sufficient protection which is determined from his general condition, by the opsonic index remaining above normal for several months, the

white blood count normal, and the pulse rate normal.

The temperature, the pulse and respiration rates are extremely important and are taken every three hours on all patients even though the temperature has been normal for some time. An accelerated pulse rate is important as it is the first indication of fresh cardiac involvement, a relapse of rheumatic fever, the beginning of serum disease or as an index of severity of a reaction following antigen.

All cases discharged from our rheumatic fever wards are referred to our out-patient heart clinic where they are observed each week for any return of symptoms and where antigen treatment is given, until the doctor feels that the patient has made a complete recovery or the disease has been arrested.

A CASE HISTORY

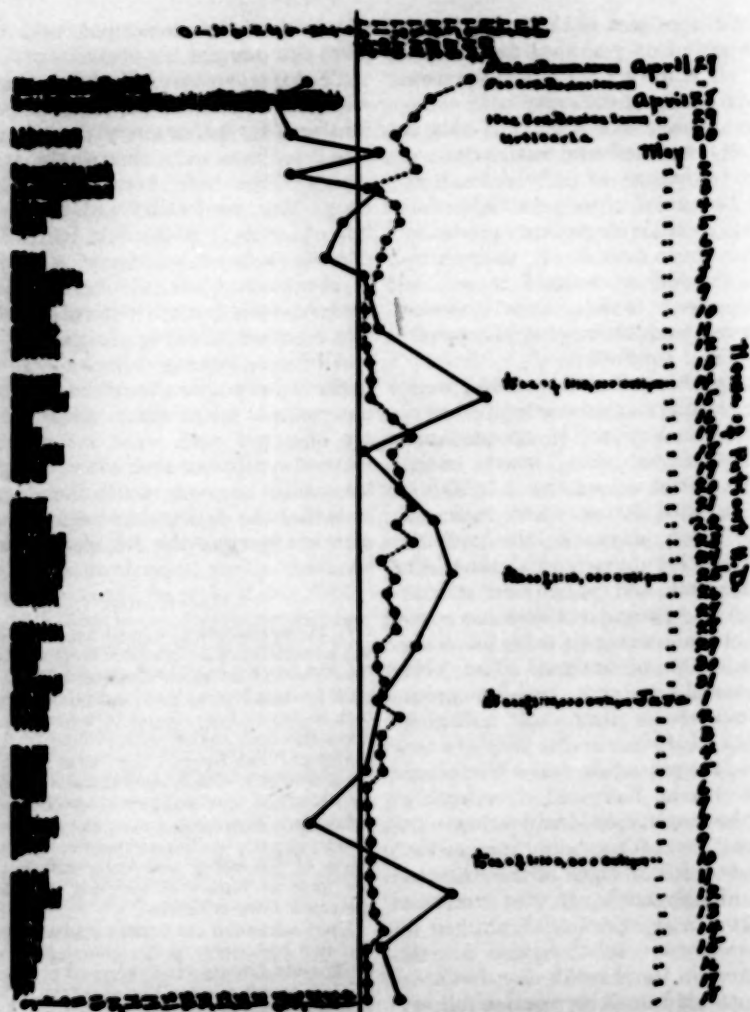
H. D., an adult white woman, aged 36 years, was admitted to the rheumatic fever wards of the Philadelphia General Hospital on April 27, 1928, complaining of pain and tenderness of both shoulders, both elbows, both hands, both knees and both ankles, with swelling of both ankles and both hands. Her illness began on April 1, 1928, with a sore throat. Several days later she developed pain in her chest with difficulty in breathing, and at the same time developed pain, swelling and redness of several joints of the upper and lower extremities. She gave no history of previous attacks of rheumatic fever or chorea.

Upon admission the patient appeared very ill. She had a pale, sallow complexion, was moderately dyspneic and perspired profusely. She was unable to move because of the intense pain in her joints. Her temperature was 104 degrees F., her pulse 126 beats per minute, and respirations 22 per minute.

Laboratory findings: The blood count showed red blood cells, 3,700,000; white blood cells 18,400; hemoglobin 12.9 gm. per 100 c.c., polymorphonuclear 74 per cent and lymphocytes 26 per cent.

Throat culture showed *Streptococcus cardioarthritidis*; *Streptococcus viridans* and *Mitococcus enteritidis* present.

The patient's serum agglutinated *Streptococcus cardioarthritidis* up to a dilution of 1 to 80.



Curves showing the highest daily temperature (broken line) and openic index (solid line) as related to the administration of the anti-rheumatic serum and antigen, to the leukocyte counts. Leukocyte counts in thousands per c.mm. are indicated by numbers 7, 9, 11, etc., and the horizontal lines. (Turn the chart to read.)

A diagnosis of acute rheumatic fever with pericarditis, myocarditis, rheumatic pneumonitis and pleurisy was made.

April 27, the patient received 5 c.c. of concentrated bovine anti-rheumatic serum intramuscularly at 1 p. m. and this dose was repeated at 10 p. m. the same day.

April 28, there was a marked improvement in the patient. Her facial expression was entirely changed, she was smiling and talking, and was able to move her arms and legs about with only slight discomfort.

The swelling of her joints had decreased considerably; her breathing was less labored

and her pulse rate was 100 per minute.

April 29, ten c.c. of the concentrated bovine anti-rheumatic fever serum was given intramuscularly.

April 30, the patient had a mild serum reaction with only a few urticarial wheals at the site of the injection of the serum.

During the next few weeks the patient showed a marked improvement, all joint symptoms disappeared and the temperature and pulse rate returned to normal.

The response of this case to serum treatment is represented graphically on the accompanying summary chart.

The patient was discharged June 18, 1928, in good general condition. She has since returned to the heart clinic each week for observation and treatment.

The last observation of this patient was on August 29. She has had no return of joint symptoms and is able to take care of her own household duties.

Can the Annual Budget Include the School Library?

By HEDWIG H. HANKE, R.N.

CAN the annual budget include the school library? Based on our experience in Women's and Children's Hospital, Toledo, Ohio, the answer is an emphatic "Yes" and then, for safety, a qualification. It can, if there is in the student body a spirit of endeavor and coöperation which makes it possible not only to use the amount allowed wisely and intelligently, but to supplement it in various ways.

The secret of successful organization is a common purpose. Our student nurses are organized as an Occupational Therapy Club and the purpose is supplied in working for the school library. In the two years in which the Club has been in existence, students have through their own efforts raised a sum which makes possible the installation, this month, of a library valued at more than six hundred dollars which will be used as the beginning of a complete library for the school. Two hundred and sixty-five books have already been placed on the shelves. These include a reference library, many of the classics, modern fiction of a high standard, and non-fiction of various kinds. The

books were selected from lists compiled for the purpose by the Public Library and the League of Nursing Education and were purchased at a discount ranging from ten to twenty-five per cent, through the efforts of that institution.

The Training School budget includes a certain amount for books each year, a sum, we definitely knew, not large enough to establish the nucleus. Student nurses are active members of the Occupational Therapy Club, all alumnae are associate members. At the time the Club was formed, the school possessed only a small reference library. Monthly meetings devoted to instruction in some craft, and a social hour, were found to provide too slight a bond, and the idea was conceived of having the Club work for a more complete library. The plan provided a real interest. Various systems of money-raising were developed. Bazaars were held, for which Club members made such articles as bridge tallies, favors, decorated fancy pencils and quaint playthings for children. Magazine subscriptions were taken. Then a subscription plan for the library was inaugurated. Book plates bearing the insignia of

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the School of Nursing were printed and a space provided for the name of the donor who wished to subscribe the price of a volume. The plates are pasted in the books and the giver's name thus becomes a matter of permanent record.

The Occupational Therapy Club has, of course, several other purposes. It has given the members experience in conducting meetings, in group undertakings, and has prepared them for alumnae work and for that of allied organizations. They have learned various crafts and have followed a common interest with others of their profession. They have learned to take the initiative in Club

work. But the single purpose—to secure the library—has given them a unity in organization, and the library which they value highly is adequate reward.

The library is to be catalogued and will be maintained exclusively for the nurses' use. The subscription plan has been of general interest to friends of the Hospital and Training School and it is planned to make a systematic addition of books each year. With the present splendid collection of volumes and the initial unit, it is believed that the library will grow rapidly. The amount allowed in the Training School budget each year is not extremely large and the Club dues are only a dollar a year, but it has been demonstrated most satisfactorily that the sum is adequate if the spirit that administers it and adds to it is right.



Whooping Cough

UNFORTUNATELY whooping cough is altogether too lightly regarded by people in general. This misapprehension results perhaps from the fact that whooping cough is not, under ordinary circumstances, particularly dangerous to older children. On the contrary, however, it is extremely dangerous to small children, particularly those under a year or two of age, and even in somewhat older children it is often the forerunner of more serious conditions such as pneumonia and tuberculosis. Over 60 per cent of all the deaths occurring from whooping cough occur in children under five years of age.

The solution to the problem of preventing the spread of whooping cough would seem, therefore, to rest primarily upon the shoulders of the parents. If we will keep our children away from other children, particularly young children, whenever they have a cough or a cold, and will further call in a physician in order that a definite diagnosis may be made whenever such a cold or cough lasts for more than a few days, such action will obviously break the contact between the sick and the well and will definitely prevent the present spread of the disease.—From the Health Review of the Detroit Department of Health.

Nursing in Japan

Its Origin and Development

BY IYO ARAKI

FIFTY years ago there were no trained nurses in Japan. Whenever sickness occurred the family and relatives took care of the patient. If the patient were seriously ill, neighbors were called in and gave what help they could.

No effort was made to change this condition until about 1860 when, in Tokyo, the question of trying to train servants sufficiently to act in the capacity of sick nurses was first considered. In smaller centers no effort of the kind was made until about the close of the last century. The Tokyo Imperial University opened a small school for training nurses in 1869. Very few applied for training and those who did were required, not so much to take care of the sick, as to scrub the floors and clean the hospital. They were really maid servants rather than nurses. In 1883 two small schools were opened along Western lines by foreign missionaries. One of these was started through the personal experience of a woman missionary who herself had been ill with typhoid fever in a Japanese hospital. What she saw there made her realize the immense field of usefulness and the great need in Japan for properly trained nurses. Upon her recovery, she returned to the United States resolved to devote her life to raising funds for a school for nurses in Japan. She believed that a school for nurses was much more important than the school for girls which had been her original intention when she first went to Japan. Unfortunately, while she was canvassing for funds in the United States to start her work, she died. She had interested, however, a co-worker, and

this lady undertook to carry out the plan of creating a School of Nursing in Japan and returned to that country eager to put her ideals into practice. She asked for help from some of her friends in Japan, but the Japanese men approached rather laughed at her ideas and were not willing to assist her. Unaided, she started in a small building, in a mission compound, to give theoretical instruction only, as she had no connection with any hospital or clinical medical work. About this time the Tokyo Jihei Kwai built a small school for nursing and opened it. This work was under the leadership of Countess Oyama, who undertook to build up the school in connection with the Tokyo Hospital, following her return from Europe. As it was difficult to secure funds for the school, the ladies interested gave bazaar and raised small sums in other ways to start the work in connection with Professor Takaki's hospital.

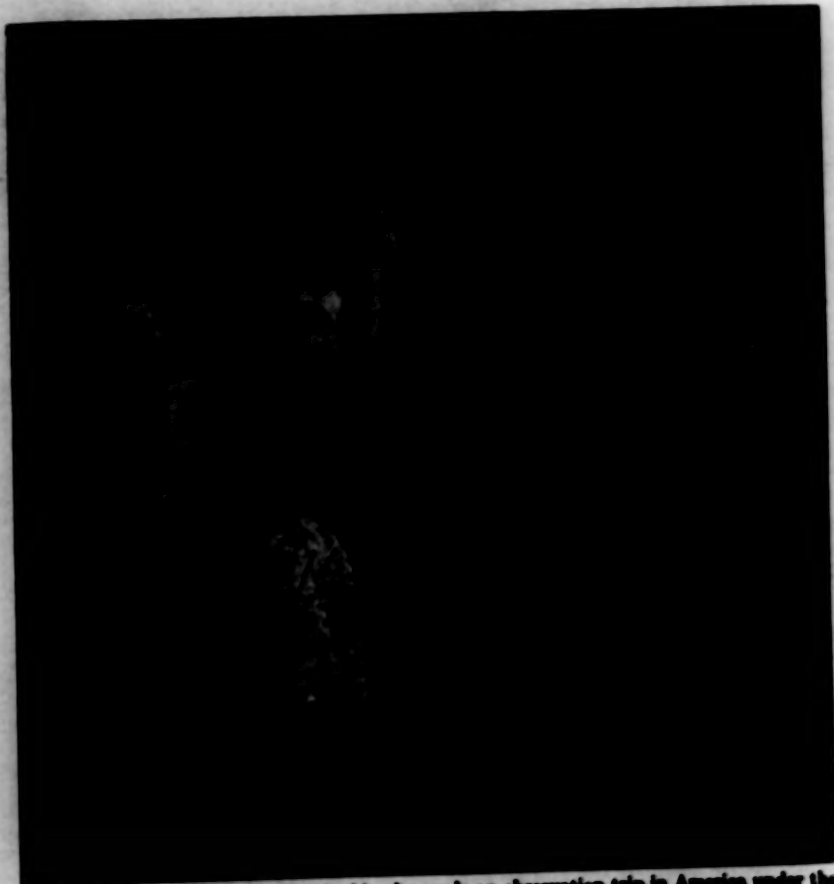
In 1885, the hospital of Dr. Mijima in Kyoto opened a school which is still in existence. In the same year the Canadian Episcopal Mission started a school for theoretical instruction in Kobe, and this had affiliation with a Japanese hospital. The writer attended this school in 1896. Only graduates from Christian mission schools were received as students. The Japanese Red Cross educational requirements, inaugurated about this time, were that student nurses must be graduates of primary schools. The primary function of the Red Cross in Japan is the training of nurses for military service and during peace times some of these nurses are used for civilian purposes. It is under

Government direction, and there are Red Cross hospitals in all of the larger cities. The uniformity of their training and the fact that they are under Government control has made the Red Cross one of the leaders in nursing in Japan. The entrance requirements have not been raised and nursing throughout Japan, until recently, has been looked upon as a menial occupation rather than a profession. Therefore, it has failed to attract women of the better type. The hospital with which I am connected is the only one in Japan requiring its applicants to be high school graduates and insisting upon a minimum of a three-year undergraduate course. As a result the class of women applying for service in St. Luke's International Hospital has greatly improved. While the *technical* side of medicine in Japan has developed and progressed until it is today recognized to be on a par with the scientific development of medicine in the West, nursing as a profession has lagged very far behind because of the poor *clinical* resources in Japan for the care of the sick and the development of preventive medicine. Happily there has developed the recognition of this fact throughout Japan and many are now eager to introduce modern nursing training and technic in our country that the clinical care of patients may be properly developed. There is a growing interest in the whole question of the training of nurses in Japan and this includes education of nurses for public health work.

The Government has considered raising the standards and educational qualifications and the establishment of a board of examiners for the registration of nurses. Better types of women are interested in advancing the profession, and the fact that it is one of the most important developments in

the advancement of medicine in Japan today is becoming increasingly recognized by the general public. Investigation by the Department of Home Affairs in 1925 showed that there were one hundred and fifty-two hospitals in Japan attempting the training of nurses in one way or another, and that there were at that time, 40,355 licensed nurses and 21,222 students. Of this number, 29,452 were engaged in hospital work. It is of interest to add that the same investigation showed that there were 2,800 midwives in Tokyo.

Our School of Nursing conducted in connection with St. Luke's International Hospital has been in operation for about twenty-three years. The standards insisted upon have been based upon the practice here in the United States. In 1918 Mrs. David St. John was appointed principal of the school and the writer continued in her position as Superintendent of Nurses. Through this arrangement of having an American trained nurse as head of the theoretical and classroom work, and a Japanese trained nurse as General Superintendent of the nursing in the hospital, we have developed a system of nursing instruction somewhat similar to the plans now in operation at the Yale College of Nursing in New Haven. The theoretical teaching in our classrooms is conducted by the senior doctors of the staff of St. Luke's International Hospital, with demonstrations and practical instruction from carefully selected American and Japanese nurses, some of whom have had their graduate training here in the United States. An American instructor of nursing will be added to the teaching staff as an assistant to Mrs. St. John and three or four young American nurses will also go to Japan to work in coöperation with our Japanese head



Reading from right to left: Iye Asahi, who made an observation trip in America under the auspices of the Rockefeller Foundation; K. Arai, who studied at Yale School of Nursing; M. Yamaki, who studied at the Peter Bent Brigham Hospital in Boston; M. Ando, who studied at Simmons College, Boston.

nurses on the wards as first assistant supervisors. The course of instruction covers three years, and graduation from a recognized Government High School is insisted upon for entrance. The course of instruction is based upon the curriculum published by the National League of Nursing Education and a fourth year of instruction is provided in the complete course. During this fourth year, a nurse may

specialize in one of the many branches of public health service or prepare herself as a teacher of hygiene for public school work, or for training in hospital administration. The nurses live in dormitories provided by the hospital and pay a small nominal tuition fee. The amount is too small to be of very practical value in the support of the school, but it emphasizes the fact that the students are

there to be taught rather than trained and that the institution is really a college of nursing and not a training school for nursing to serve the interests of the hospital itself.

Through the generous interest and assistance of the Rockefeller Foundation, three of our graduate nurses are now in the United States, studying at Yale School of Nursing, the Peter Bent Brigham Hospital, and Simmons College. Two graduate Japanese nurses have been awarded fellowships by the Barber Foundation at Ann Arbor and are now studying there in preparation for their return to Japan. All of these nurses will be teachers on the staff of the College when they return to Tokyo.

A few months ago the Department of Education chartered our School of Nurses as the first College of Nursing to be authorized in Japan. This has placed upon us a very great privilege and responsibility to demonstrate American standards of nursing and devote our best energies to furthering recognition of the profession of nursing in Japan.

In addition to the fellowships awarded to a number of our Japanese graduate nurses, the Rockefeller Foundation has also pledged \$10,000 a year for five years towards the annual support of the College. This assistance has been a very material help in strengthening the work of the institution.

A new hospital is now under construction, to contain two hundred and fifty beds. Immediately connected with the hospital building proper will be the new College of Nursing, containing dormitory space for one hundred and seventy nurses, five large classrooms, a demonstration room, diet kitchen, and a gymnasium. The administration offices of the College are separate from the administration of the hospital. Connected with the

hospital is a dispensary service, taking care of from five hundred to six hundred patients daily, and two years ago the Public Health Department was opened in connection with the Dispensary as a teaching center for the nurses. The complete plant will be developed along the lines of a Medical Center here in the United States and the district in which the new buildings are located has been assigned by the Department of Health of Tokyo as a field for public health demonstration and industrial work.

This spring we had eight hundred applicants to enter the School and of this number forty-seven high school graduates were selected by personal or competitive examination.

I am deeply indebted to the superintendents of the various hospitals it has been my privilege to visit during my stay here in the United States as a guest of the Rockefeller Foundation. Their unfailing patience and courtesy and effort, made to show me so much of interest, has not only been of the greatest assistance to me but an inspiration for the work I wish to share on my return to my own country.



An Historic Pocket Communion Set

THE recent death of Rev. N. E. McGillivray, a Canadian clergyman, revives memories of an historic silver communion set he once owned. In the hands of Florence Nightingale the set has done duty in giving spiritual comfort to dying soldiers of Britain in the Crimea. Later, in the Great War, it was used by Rev. Norman McGillivray of St. Thomas, Captain and Chaplain of the Ninety-first Battalion, C. E. F. The communion set was given to Florence Nightingale by Rev. J. C. Ridd, Chaplain of the Forces, whom she went to the Crimea as head of the nursing force. It is now in the possession of Canon H. J. Cody of the Episcopal Church, now of Toronto.

Prevention and Care of Diseases of the Cardiovascular System

By JOHN CARTER ROWLEY, M.D.

I SHALL attempt to show you how the prevention and care of these diseases of the heart and blood vessels simmer down to the care of the myocardium or heart muscle, and that to accomplish this, three things are necessary:

- (1) Prevention of infections
- (2) Rest, and
- (3) Diet

For our purposes I have included in this group of diseases rheumatic heart disease (sometimes spoken of as valvular heart disease), bacterial endocarditis, chronic myocarditis, angina pectoris, high blood pressure and arteriosclerosis. It will be necessary to spend a few minutes in the discussion of their etiology or cause, a knowledge of which is essential for any attempts at prevention.

In general, the causes are first (and early in life), bacterial infections and second (later in life), arteriosclerosis and the degenerative changes in the heart muscle and blood vessels that result from age and faulty hygiene or perhaps from other as yet unknown factors.

First of all let us consider the diseases caused by infections, by bacteria. Heading the list is the most common and most serious, rheumatic heart disease which results from acute rheumatic fever and the cause of acute rheumatic fever is a type of streptococcus. Acute rheumatic fever then, like tonsillitis, is an acute infectious disease, and its streptococci are the cause of more heart disease than all other diseases put together. It is particularly prevalent in New England and the northern states. The prevention of this disease, alone, would do

more to lower the incidence of heart disease, particularly in childhood and young adult life, than anything else.

The streptococci of acute rheumatic fever enter the body through the tonsils where they usually produce a tonsillitis and then, in a week or two, work their way through the tonsils to the joints and finally lodge on the valves of the heart and in the heart muscle. On the valves of the heart they grow and cause ulcerations which give rise to leaks and these leaks cause the sounds which are called murmurs.

In the course of a couple of months the acute rheumatic fever usually subsides leaving its scars on the valves of the heart and in the heart muscle. This is the rheumatic heart or chronic valvular heart disease.

Recurrences of the acute rheumatic fever may do still more damage, but frequently the heart muscle, in spite of its scars, may carry on without symptoms for a great many years, particularly if the patient is fortunate enough to escape other infections like influenza or pneumonia which may cause the heart muscle to fail, not by the germs of these diseases growing on the valves or in the muscle, but by the injurious effect of the toxins or poisons of the germs on the heart muscle. Occasionally the streptococci of scarlet fever and chorea produce changes in the heart similar to those of the streptococci of acute rheumatic fever.

Until the last ten or fifteen years the murmurs resulting from the ulcerations on the valves were given undue weight in our consideration of the condition of the heart. We now know that it is not so much the condition of the valves that is the vital factor, but

the condition of the heart muscle or myocardium.

In valvular heart disease, the heart muscle is always more or less invaded by the germs which form tiny areas of inflammation or degeneration. In fact, without heart murmurs these areas may be present, even in such mild cases of rheumatic fever as often pass for nothing but growing pains. In most cases, during the course of acute rheumatic fever and acute infectious diseases, the myocardial changes are not in great evidence, but they play a large part in determining the subsequent course of life after chronic valve lesions have developed. The heart once damaged or scarred by streptococci is always susceptible to other streptococcic infections.

Should such streptococci get beyond the portals of the tonsils or through the gateway of diseased teeth, they lodge on the damaged valves where they seem to find fertile soil, and now grow so luxuriantly that the body appears unable to restrict their multiplication, and the infection practically always proves fatal. Fortunately this type of infection is not common. It is called acute or subacute bacterial endocarditis. The disease is usually diagnosed by obtaining the streptococci from the blood by blood culture.

All these infectious diseases—acute rheumatic fever, scarlet fever, bacterial endocarditis—produce the cardiac lesion by the actual growth of the bacteria in the heart. We now come to another group of infectious diseases in which the damage to the heart muscle is caused, not so much by the acute inflammatory changes produced by bacteria growing in the heart, as by the degenerative changes caused by the poisons produced by bacteria growing elsewhere in the body as, for example, in influenza, tonsillitis and pneumonia.

These infectious diseases, as well as any infections anywhere in the body as, for example, inflammation of the gall bladder, cystitis, pyelitis, diseased teeth, chronic tonsillitis and sinusitis, produce degenerative changes in all the cells of our body, but are much more prone to cause serious injury to the heart muscle that is already scarred and damaged by rheumatic fever. Our chief problem in the prevention of the diseases of the heart, so far mentioned, is that of closing the gateway to these infections, primarily the tonsils, though the teeth, nose, and sinuses should deserve consideration.

So much for the more acute diseases of the heart which we have seen are essentially the result of infections. These acute lesions in the course of years lead to chronic myocarditis and chronic valvular heart disease, the disease of adult life. At this age disease of the blood vessels, arteriosclerosis and other kinds of degenerative changes, begin to affect the arteries of the heart and also produce changes in the myocardium.

Arteriosclerosis not only causes hardening of the coronary or heart arteries but also a narrowing or shrinking of their lumen. As a result of this, insufficient blood reaches various parts of the heart muscle. Furthermore, if the arteriosclerosis is more or less general, as is more likely to occur in old age, with all the arteries inelastic and the openings through them narrowed or even partially plugged, the heart muscle must strain to force the blood through such arteries and so, in the course of time, plays out.

The causes of arteriosclerosis are obscure. We know that it develops in the aged and we also know that syphilis and lead poisoning are definite etiological factors. Rarely some acute infections injure the walls of the arteries. We think bad hygiene and

faulty diet may have something to do in producing it.

In angina pectoris, it is either disease of the aorta, the coronary arteries (which spring from the aorta) or the heart muscle that gives rise to symptoms.

In patients with high blood pressure, the heart is similarly straining against this pressure. Unless a cerebral artery ruptures or the kidneys fail, it is the heart muscle that gives out. So here again we come back to the heart muscle. In some cases with symptoms of kidney disease, it is difficult to tell whether we are dealing primarily with renal or cardiac disorder; often there seems to be a combination of both. Syphilitic heart disease needs mentioning only: it produces aneurysm or sclerosis primarily of the aorta and coronary arteries and so also leads to myocarditis. It is prevented by thorough and prolonged treatment of syphilis in its early stages with salvarsan, mercury and bismuth.

In infection, our problem is twofold: we have to consider on one hand the bacteria with their poisons and on the other the body which has developed a highly complex and little understood defensive mechanism.

As for the bacteria, their virulence and the number we receive on our mucous membranes are important factors. For example, we would be exposed to greater numbers of bacteria by kissing someone with tonsillitis or allowing him to cough directly in our face, than if such a person coughed four or five feet from us. During the first few days of a cold or tonsillitis, the germs are probably more virulent than they are when the infection is subsiding.

As to what the factors are that throw our defensive mechanism out of order and break down our immunity, we actually know very little. Per-

haps our diet may play some part in it. We do know this much from experience and from actual experiment with animals, that chilling and exhaustion lower our resistance and make us distinctly more susceptible to infection. The needless exposure and consequent death from pneumonia of the young aviator Floyd Bennett is apparently a striking example of this.

On first thought, the prevention of infection may seem rather hopeless, but I believe such is not the case.

First, in regard to the common cold, sore throat and tonsillitis, including the sore throat which may prove to be the beginning of acute rheumatic fever—as much as possible one should avoid the company of people suffering from these infections. If one of the family is unfortunate enough to come down with such an infection, the other members of the family can at least avoid intimate contact with him or her. I believe this is about all the rest of the family can do. Gargles and antiseptics I think are worthless. The patient with the infection should be put to bed and kept warm, in a room where the temperature does not go below 60 degrees. In the winter, this may mean keeping the windows practically closed at night, but in years past I have so often seen discharging ears, sinus infections, coughs and colds, in my own five children, made distinctly worse by cold air in the bedrooms at night or by an afternoon out of doors in the wind or cold air, that I am convinced that keeping the temperature above 60 degrees is very important.

I am also convinced that more middle-ear infections, sinus infections and pneumonias are caused by exposing a child or an adult with a cold or a sore throat to cold air than any other thing. Seldom do any of us remain long enough in the house after a cold.

The injurious effects of cold or chilling are equally, if not more, true of bathing at the shore. Children are easily chilled, especially early in the season, and all of them usually stay in the water too long, so that they, in addition, suffer also from exhaustion, an ideal state of affairs for the streptococci which may be present in the throat, waiting for just such a condition of the body.

The next thing the other members of the family can do, and this is equally important for all of us, is to stay in the house and preferably go to bed, if they begin to show the least sign of a cold or sore throat and remain there until they are over it. This seems like a waste of time but I feel sure if we all did it, not only would we be saved much time and expense, but we would keep our germs as well as our troubles to ourselves, and avoid the exposure and consequent suffering of others. We can keep our teeth in good condition and, if they are diseased, have them as well as our tonsils removed, and so have the two most important portals of entry of bacteria as far as possible eliminated.

What teeth should be extracted? Decayed roots always, and the sooner the better. They will never be of any use and are a very definite menace. Heavily filled teeth and dead teeth (those in which the nerve has been killed) are the most likely to develop abscesses even without pain. If there is any infection shown by X-ray they are better out than in.

As for tonsils, frequent sore throats—one or two each winter—are enough to warrant their removal, particularly if there is any sign of rheumatism or rheumatic pains, or if there is any chronic soreness or lameness of the neck in the region of the angle of the jaw, or any enlarged glands in this region.

If these procedures are important in preventing infection in the healthy individual, they are doubly important in the case of a child who has had acute rheumatic fever in whom we wish to avoid a recurrence or in one whose myocardium is already damaged. We are beginning, I think, to realize that the most important factor in causing cardiac failure and consequent loss of work for our cardiac patients is acute respiratory infections rather than overwork.

A chronically inflamed gall bladder or urinary bladder, sinus infections, pelvic inflammation, may need operative drainage in order to keep a cardiac patient on the job. It is not at all uncommon to see a patient who has had frequent attacks of angina relieved of his attacks by the removal of a chronically inflamed gall bladder. As a matter of fact, the physician should search for such an infection in teeth, tonsils, sinuses, gall bladder, prostate gland, etc., with even greater thoroughness than for the murmur at the heart.

Rest.—Rest in bed for three months is a reasonable time for patients with acute rheumatic fever, followed by frequent physical examinations, supervision of exercise and avoidance of exposure to acute infections. Swimming, running, rowing in many instances, may be indulged in if they are taken leisurely. The chief signal of over-taxation is distress or discomfort, particularly precordial distress, breathlessness and rapid heart action.

Telling a patient to get more rest amounts to little. Our instructions must be specific. Let us take the man of forty who has a myocardium that has been damaged and perhaps a valve that is leaky as a result of acute rheumatic fever in childhood. He is doing his work well and without symptoms. First of all, he should be examined at

least once a year, not only for the early signs of failing heart, but particularly for focal infections, teeth and sinuses, chronic infections of the tonsils; also gall bladder, cystitis and pelvic diseases in women. The examination of the pulse, of the extremities for slight edema, and of the lungs and liver, with a careful history of the symptoms if any, and what the man can do, may reveal more valuable information as to the condition of the heart and what the heart is good for, than the actual examination of the heart itself.

There is, perhaps, little to say to this man in regard to rest, except that he should begin to be on the watch for any signs of fatigue, shortness of breath, precordial distress or indigestion, cyanosis or swelling of the ankles. It is usually about this age (forty or forty-five) that many of us have to put on glasses and begin to curb our ambitions, as well as our appetites, to cut down some of our social as well as extra-office activities. Slowing down at this age is even more important for the person with cardiac disease.

The signs of beginning cardiac failure are breathlessness, edema, cyanosis, cough, substernal pain, palpitation, rapid pulse, restlessness and exhaustion. It is astonishing how little heed is paid to these warning signals even by those who know they have heart disease. Let us assume that the heart has begun to fail, the patient is easily fatigued, somewhat short of breath, has perhaps some precordial distress or indigestion and a little edema of the ankles. Such a case should be put to bed for at least a week, and probably two weeks or even longer, and for four or five days should receive nothing but four glasses of milk a day. Morphine at night for three or four nights, particularly if there is cough or difficulty in breathing, is of great help. It steadies the

heart and gives the patient sleep and so rest, until the effect of the digitalis is evident. When the symptoms have disappeared and the pulse is normal, the patient may be allowed to sit up and gradually begin walking under the supervision of his physician.

Specific instructions will, of necessity, be left to the physician as well as the treatment of the severe, acute cases of heart failure that so frequently follow acute infections like tonsillitis or influenza.

In general, after the patient is on his feet, he must be constantly reminded that over-eating, too much smoking, alcoholic indulgence, etc., are to be guarded against. Those overweight must reduce. Above all, the nurse as well as the physician must be careful not to frighten the cardiac case.

These same general principles of treatment apply to all cases—angina pectoris, chronic valvular heart disease, myocarditis, high blood pressure and diseases of the arteries with or without cerebral hemorrhage.

After all, it is the properly balanced life, guarded against excessive fatigue or strain and protected from infections that will longest maintain the individual from embarrassing symptoms.

Diet.—May I take a little more time to speak more specifically about diet? What I have to say, except for over-eating, does not apply to the cardiac case any more than to the rest of us, except that I believe it may have an important bearing in preventing, not only the diseases of the heart and blood vessels, but other diseases as well.

The average American's diet is far from being well-balanced. Bread, cereals, meat and potato are eaten to such an excess that the protective foods which should supplement them are dangerously neglected. The protective foods are chiefly green leaves (spinach, beet tops, lettuce), also

citrous fruits (oranges, lemons and grapefruit), green vegetables (string beans, peas, carrots, onions, tomato, beets, parsley, celery and turnips), milk (including cream, butter and cheese), eggs, oysters and clams, liver, kidney and sweetbreads. Most foods are a mixture of carbohydrate, proteid, fat and minerals. Wheat flour, our main article of diet for example, contains all three. Cow's milk contains all three and is the most perfect food, not only because of the quality or kind of carbohydrate, proteid and fat it contains, but because it is also rich in mineral salts and vitamins. It is thus a complete food.

The grains (wheat, oat, barley and rye), meat, fish, cheese, nuts, and beans, contain proteids which, when they are burned up in our body, form acids. Now the tissues and juices of our body must be kept in a delicate balance between acid and alkali. You will see, therefore, if we eat too much cereal, bread, meat, eggs and cheese, acid-forming foods, our alkali reserve will fall below normal, a state of acidosis will exist, the blood will be handicapped in carrying carbon dioxide to the lungs for elimination, our tissues will be too acid, our organs will not function properly, and we are rendered more susceptible to infection. To counteract this we need the alkali-producing citrous fruits (oranges, lemons, and grapefruit) which, though they have an acid taste, in the course of being burned in the body have the effect of alkalies or bases, and in addition we need the green-leaved vegetables (lettuce, spinach and cabbage). Bananas and other fruits are also rich in these mineral bases or alkalies.

Wheat, rice, barley, corn and potato, as I have said, form the bulk of our diet. These you will note are seeds; they contain stored-up starch and protein, a little fat and a few minerals.

They are not, in a sense, living matter but by-products. The seed is really a storehouse of purified food substances. The leaf, on the other hand, is rich in growing cells which are actively functioning and contain but little reserve food. The leaf is the laboratory of the plant and contains in itself all the complexes necessary for the nutrition of animal cells, besides minerals and vitamins, and is qualitatively a complete food. It is evident, then, how nicely the leaves supplement and complete the food of the seeds.

Instead of pastry for dessert, we should eat oranges, apples and grapefruit, banana and other fruits, and in addition take three glasses of milk a day with a moderate supply of butter, occasionally a little cheese, and three or four eggs a week.

Perhaps as most of us are over-eating, we could to advantage cut down our bread, cereal, potato, meat and pastry, more than half, and with the leafy vegetables, fruit, milk and egg, be fully and safely nourished.



Pensions for Nurses in England

THE two main features of the Federated Superannuation Scheme for Nurses and Hospital Officers, and the most important, are:

1. It is not governed by any particular hospital organization or insurance company, but by a Council, composed of representatives of nurses, hospital committees and hospital officers, and private as well as hospital nurses and others are represented on it. The Council acts as trustee for the nurse and for the employer. It will advise the nurse on points which may arise when she leaves one appointment for another, and it will hold her policy and safeguard her interests as well as those of the institution that has contributed towards her pension.
2. Membership in the Scheme is continuous, and the pension benefits are maintained when members move from one hospital to another within the Scheme or from one appointment to another. Nurses will not be slow to realize the value of this provision.

—From the *Nursing Times*, August, 1938.

A Fracture Case

BY ZELLA NICOLAS, R.N.

BABY boy Wheeler was born on February 26, 1928, 8.45 p. m., being delivered by means of Caesarean section. This was resorted to after the mother had been in labor for ten hours and no progress had been made, the head not being engaged. As the thighs were delivered, a snap was felt and heard by the operator. The following day, February 28, there was marked swelling and evidence of inflammation of the left thigh. X-ray examination revealed a fracture of the middle third of the left femur, oblique in direction, and complete with some separation of the fragments. A splint was applied, but the baby gave every evidence of being in acute pain. X-ray examination, on March 3, showed very marked separation of the fragments, and a Buck's extension was applied, with a pound weight the first day, a pound and one-half the fourth, and two and one-half the seventh. It was necessary to remove

to think of some means of providing extension without having to disturb the baby, remove the weights, or interfere too greatly with his natural movements. With this in mind we went to our ingenious engineer, James



The weights are held together by wide strips of adhesive to eliminate any danger of their being knocked off and injuring the baby.



LEG SUSPENDED JUST ABOVE THE KNEE

the weights when the baby was bathed and dressed, or changed, or when he went in to nurse, and on his thirteenth day the X-ray examination revealed no change in the position of the fragments. It was then we tried

Milton, and he made the frame which shows in the picture, of half-inch lead piping with stationary pulleys. Mrs. Creed, who has charge of our sewing room, made a heavy canvas cover which we laced across the bottom part of the frame-work, and on this we put a bassinette mattress. The extension was attached on both sides of the thigh, just above the knee, and a six-pound weight attached, so that the hip was raised off the bed. As there were several weights, they were held securely in place by adhesive, so that there would be no danger of their falling and injuring the baby.

The baby was lifted on this apparatus, and carried to the mother's bed for nursing, with perfect ease. It was not necessary to move him off it for bathing or changing. From the time he was put on the frame, his

program was steady. He was comfortable, and stopped crying, nursed much more easily and happily, and left the hospital, on the frame, on March 18.

The baby's birth weight was ten pounds, six ounces. Three days after birth he had lost to nine pounds, four ounces. The day before he was put on the frame his weight was eight pounds.

When his last X-ray was taken, it showed perfect position with no separation. He is now a perfectly normal, six-months-old baby, with no shortening of the limb, and no impairment of function.



Health Fads

MANY truly useful discoveries have become fads, and their too general use has resulted in harm.

Ultra-violet light has unquestionably done much to prevent and cure rickets, and there are other conditions in which its use is indicated, but there are other conditions in which its use is contra-indicated and its indiscriminate use is dangerous. Take it only after consultation with your physician.

Dieting under competent medical supervision is useful, but there have been so many substitutes for scientific dieting and shortcuts to reducing, that the fad of keeping thin and slender has become one of the curses of the nation. Attempts to reduce or avoid obesity without medical advice may be characterized as one of the most dangerous practices of the present decade.

Sun baths are splendid, but here again care must be exercised. Acute burns will more than offset the benefits which might have accrued as a result of scientifically-regulated baths and, moreover, there are certain conditions in which sun baths should not be given. Obtain your physician's advice about sun baths.

Liver has been found to be especially efficient in the treatment of pernicious anemia. Its use has no particular element of superiority in the regular diet, yet its use has become a fad and has resulted in the price of liver soaring to such heights that some patients with pernicious anemia, who really need it, find it financially impossible to obtain.

Cold baths are of real benefit to some, but may be detrimental to others.

When medical discoveries become fads, there is always an element of danger.—*Weekly Health Review*, Detroit Department of Health.



Testing the Eyesight of Children

SCHOOL physicians and public health nurses whose duties include testing the eyes of children in various schools have available now two standard Snellen's vision charts which have been published by the National Society for the Prevention of Blindness to end the confusion of a multiplicity of such charts. One is the regular letter chart and the other is the "Symbol E" chart by means of which the vision of pre-school age children, kindergarten, and those too young to read, may be tested. Both charts are drawn to the foot scale.



Each chart is accompanied by a copy of "How To Test for Visual Acuity" which is reprinted from the recently revised edition of "Conserving the Sight of School Children," a report of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association. The charts are printed on rolled linen and may be obtained at cost price of 25 cents each, plus shipping charges, from the National Society for the Prevention of Blindness, 370 Seventh Avenue, New York City.

"Preparation Meeting Opportunity"

BY HELEN W. FADDIS, R.N.

THE student completing her preliminary period asks: "Is there anything more wonderful than receiving our caps?" and the Senior, with commencement still her most vivid memory, replies, "Yes, receiving your diploma." With each student the feeling is the same, not a joy in having a part of the time of preparation over, but a realization of the fact that she is just beginning to have a basis for the work which she is going to carry on. This eagerness of the student and the young graduate for more and more knowledge is a constant challenge to each of us.

A few schools of nursing award scholarships, but they are not used as widely as in other educational institutions. Many splendid schools maintain very high standards of work with no scholarships, but unquestionably the awarding of a scholarship is an incentive to the student—not only as an expression of pride in achievement, but as a gateway to future success—a gateway only partially opened, requiring continued effort of her own to open it wider.

In any school there must be contributing factors which make for high standards and which aid in maintaining ideals of scholarship. We feel that the teamwork between the doctors and the nurses has been one of the strongest points in the development of this School. Not only have the doctors given freely of their time and resources in clinics, but also there has been the indefinable but vital spirit which has made the doctor and the student truly coworkers. It was this whole-hearted and intelligent cooperation which led the attending staff to invite the Director of Nursing to be a guest at one of their recent meetings

in order to tell them ways and means by which they might further aid in the teaching of the student nurses, particularly in their direct contact with the patient. This same desire to give the students a respect and appreciation of high standards of work has now taken a more tangible form—the presentation of a scholarship of three hundred dollars to a member of this year's graduating class.

Until this year the Pasadena Hospital School of Nursing has had but one scholarship, of two hundred dollars, awarded yearly by Dr. and Mrs. Charles D. Lockwood to a graduate of the preceding year, who has spent her time since graduation in private duty and administrative work. The scholarship this year was awarded to Nancy Black, who is attending the summer session of Teachers College at Greeley, Colorado.

At the March meeting of the attending staff, Dr. H. S. McGee, chairman of the Program Committee, presented the following suggestion:

For some time the Program Committee has had under consideration the possibility of the attending staff showing in a practical way their appreciation of the services rendered them by the nurses in the training school. After due consideration we have decided to present to the staff a plan whereby a scholarship may be given each year to a member of the graduating class who, in the opinion of a Committee, composed of representatives of the training school faculty and the attending staff, seems best qualified to receive it.

In order to give a scholarship of three hundred dollars yearly, which amount, in our opinion, is the least that should be considered, it will be necessary to provide an endowment of at least five thousand dollars or to collect the fund each year from the members of the staff. We should like to have a discussion as to the method to be adopted if, in your opinion, the scholarship idea is at all attractive to you.

As far as we are able to learn, nothing of the

kind has ever been done. Never has the general attending staff of a hospital, maintaining a training school, manifested any particular interest in the nurses' welfare or future possibilities, so we feel that such a practical way of showing our interest in the student body will not only give the nurses in training something quite worth while to work for, but will also add greatly to the morale of the student body.

A recommendation was made and unanimously accepted that the scholarship be given. The plan to be adopted was discussed at the next meeting. Because of the very short time between the staff meeting and Commencement, the scholarship this year was given by the Pasadena Branch of the Los Angeles County Medical Society, but in the future it will be the scholarship of the attending staff of the hospital. Each member of the staff may pay five dollars a year, or an amount of money which will earn that sum each year. There are one hundred and sixty active members of the attending staff, and the aim is to have, within a few years, an endowment which will give a yearly income sufficient for the scholarship.

The Committee to award the scholarship was composed of the Director of Nursing, five members of the faculty, and three doctors. Each student in the class, regardless of standing, was graded upon each of the following points—skill or technical ability, teaching and administrative ability, personality, interest and cooperation. The Committee felt that the average of these grades should count three points, and the average of the grades in theory, for three years, should count one point. The grades

in theoretical subjects were evaluated by the number of hours in the course, not merely by an average of all the grades.

At Commencement—with the largest audience ever attending our Commencement, and with the doctors among the proudest members of the group—Dr. L. Lore Riggins told of the scholarship. It was a complete surprise to every one except the doctors and the members of the faculty. In presenting the scholarship Dr. Riggins said:

At a recent meeting of the Pasadena Branch of the Los Angeles County Medical Society, it was voted that we, as medical practitioners, should do something in a tangible way that would express our esteem of the valued assistance we receive in the care of the sick, from our coworker, the nurse. In so far as determined, this is an initiatory step taken by us, hoping it may widely spread and redound to amity, comity and cooperation between the nurse and doctor. Appreciation, though lame of foot, seldom fails to overtake efficiency, going on before.

A committee of three, with the Director of the School of Nursing and her faculty, has made a selection, based on the cardinal qualities of—*theoretical training, technical ability, personality, cooperation, and ambition*; it speaks well for the Training School from which you are now graduating when seven of your number receive a rating of ninety per cent, or over, in these qualifications.

From the Pasadena Branch of the Los Angeles County Medical Society, to a nurse now graduating from the Pasadena Hospital School of Nursing, a scholarship of three hundred dollars is now awarded for postgraduate study of nursing. This scholarship is in custody of our Secretary, awaiting acceptance. Hortensia Bunnay, the Committee has selected you to receive this scholarship; this is not luck, but loyalty to your vocation, obedience to your superiors, faithfulness to imposed trusts—it is preparation meeting opportunity.

Equipment for Hypodermoclysis

As Used in the Lewistown Hospital, Lewistown, Pa.

BY MARIE DES BARRES, R.N.

THE method here described has proved especially satisfactory because of the accuracy in securing the desired temperature and the simplicity in determining the amount of fluid being absorbed by the patient.

Description of equipment as illustrated:

- A. Quart thermos bottle
- B. Wire handle on hinge—attached by tin-smith
- C. Rubber cork size 6 (usually) with three holes burnt with hot iron
- D. Carrier tube—a short glass tube reaching only through the cork
- E. Air vent tube—a long glass tube reaching to bottom of bottle
- F. Indicating tube—a short glass tube reaching only through the cork
- G. Rubber connecting tube
- H. Glass tube showing level of fluid in thermos, by connection with F
- J¹ and J². Adhesive holding H in position
- K. Rubber connecting tube
- L. Glass Y tube
- M¹ and M². Rubber connecting tube
- N¹ and N². Needles for instillation of hypodermoclysis

TECHNIC

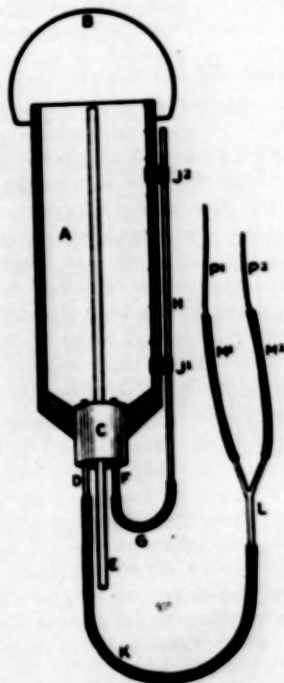
THE thermos bottle is sterilized with formalin, 1-100, for one hour, rinsed with sterile solution, then filled with alcohol 95 per cent.

The cork, glass tubing, rubber tubing and needles are boiled.

The cork and tubings, except L, M¹ and M², and needles, are put on the sterile thermos bottle.

L, M, and the needles are kept sterile separately.

To use the thermos bottle—Remove the cork, but do not disconnect,



HYPODERMOCLYSIS EQUIPMENT

pour off alcohol, rinse with a small quantity of the solution to be used, taking care to rinse the tubes as well as the thermos.

Fill the thermos with solution, reinsert the cork and connect K to M and needles.

Expel air and the apparatus is ready to be used.

Each time, after using, fill the thermos with alcohol and leave until it is to be used again.

Why *Those* Quotations?

REVIEWS of "Nurses, Patients, and Pocketbooks" are beginning to come in. This is the first crop, eagerly awaited as showing the trend of popular thinking and the attitude of the nursing, medical, hospital, and popular press towards the first report of the Grading Committee. So far, most of the reviews content themselves with summarizing the high spots, and emphasizing the value of the report if it is used as the basis for thoughtful discussion by those who are especially concerned with nursing problems. It is extraordinary that to date only one review is definitely unfriendly. Several reviews have appeared which give evidence of thoughtful study of the book, and are helpfully constructive through the many intelligent questions they raise. It seems probable that we may hope for much more material of this type.

One of these questions in particular is of such importance that it seems worth while to discuss it here. It concerns the chapters of quotations which occupy so large a place in the report. Says the very thoughtful writer: "To the reviewer it appears that perhaps too much weight is attached to mere opinion, so often contradictory as between one witness and another." And again: "One could wish for a larger volume of really expert counsel from among the leaders of the professions most nearly concerned in the true solution of these problems. Perhaps these contributions will come later."

This criticism, in one form or another, must have arisen in the minds of many readers. In order to answer it one needs to consider what purpose the Grading Committee had in mind when it voted to include the quotation chapters in the printed report. They

were not included because they were considered authoritative. They were included not because they were wise, but because they were *typical*, and therefore important. In his introduction to the book, on page 21, Dr. Darrach says:

The 819 quotations included in this book are selected, not because they are unusual, but because they are characteristic of the great mass of individual testimony which has poured into the Committee's hands. Some of it will strike home to every reader as being the sort of thing he, himself, would have said—perhaps did say. Some of it will seem incredibly at variance with what he believes possible. . . . Yet unless a real attempt is made by thoughtful people to understand, not only the economic facts brought out in this book, but the living reactions of individuals to them, it will be difficult to know how to bring needed changes about. If the various professions adopt plans for the improvement of conditions in nursing, these plans must be carried through, not by some vague cohesive unemotional membership, but by the nurses, physicians, patients, registrars, public health administrators, and superintendents of hospital and nursing services who are quoted in these chapters. It is these very people, and thousands like them, who will in the last analysis decide the fate of nursing. They must be taken seriously.

In other words, the Committee calls upon its readers to give careful consideration to this mass of conflicting testimony, some of which is truly as the reviewer says "of decidedly driftwood character" because it represents the opinion not of a few highly qualified experts, but of the rank and file whose viewpoint must be considered if their support is to be secured.

The Grading Committee is gathering facts not only as to hours and earnings and education, but as to the attitude of the rank and file of people who actually control the nursing situation. It is, for the time being, avoiding dependence upon individual experts. There is no lack of expert opinion already available. The

author points out (page 553): "It is probably safe to say that each of the more important conclusions reached in this report had already been suggested years earlier, and can be found in print in nursing literature." Explicit reference is made to the valuable material available in such studies as those of the "Winslow-Goldmark-Rockefeller" Committee, of the Commission on Medical Education, and of Adelaide Nutting in her series of philosophic essays published under the title, "A Sound Economic Basis for Schools of Nursing." Highly competent judges in nursing, medicine, public health, education, and hospital administration have for years past sought to gain a public hearing, without notable success. Their recommendations are in print. Would the Grading Committee be rendering a great professional service if it gathered more of the same sort? Probably not yet.

The allied professions which the Grading Committee represents and to whom the report is addressed are not yet ready to accept the judgments of individuals. This is an easy statement to demonstrate. Take your paper and pencil now and jot down the names of five nurses whose opinions concerning nursing problems in their respective fields would be accepted whole-heartedly, not only by all three branches of the nursing profession, but by the medical profession as well. Then add the names of five physicians whose judgments on the nursing situations with which they are familiar would be accepted with equal enthusiasm not only by their medical colleagues but by the great body of nurses. If you are still optimistic in this search for a board of experts upon whose opinions the Grading Committee could safely rely, confident of full support from the allied professions,

add five more names, this time of superintendents of hospitals whose opinions upon hospital nursing service and hospital schools of nursing would be equally acceptable to members of the three professions of nursing, medicine, and education!

This does not mean that no experts, real experts, exist. There are many men and women in this country whose judgments upon nursing problems would, if accepted, probably go far towards clearing up existing difficulties. These people were available before the Grading Committee came into existence. They are available now; but they are handicapped in their effort to be of service because as yet their leadership is not generally accepted.

In the final chapter of the report (pages 553, 554) and in her earlier chapter of acknowledgment (pages 11, 12) Mrs. Burgess has commented upon the way in which the twenty-one members of the Grading Committee have learned to work together.

The semi-annual conferences of the members of the Grading Committee have been steadily increasing in interest and value as it has become possible to substitute a fact basis for previously conflicting bases of opinion.

Again she says:

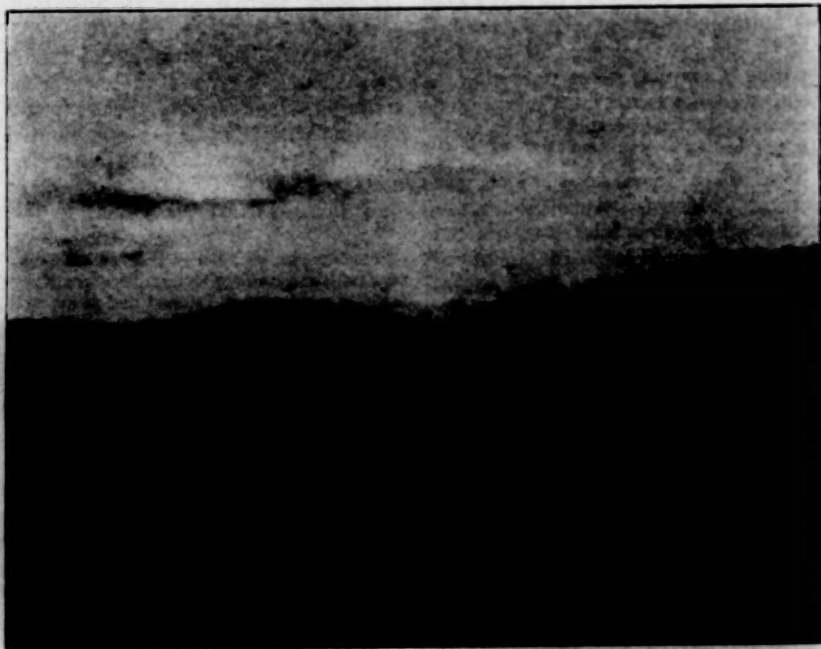
To one who has been privileged to watch the Grading Committee in action, knowing a little of what each member must have at stake when radical discussion is in progress, it has been an inspiring thing to see the way in which the members have come to work together. Representing, as they do, such varying responsibilities, and holding, as they did at the outset, such widely divergent theories as to the problems the Committee was facing, they have nevertheless laid personal emotions and prejudices aside and approached the work of the Committee in the spirit of true research, to quite an extraordinary degree.

She suggests that much of this progress has been made possible because,

as the work went forward, the Committee has had available an increasing fact basis for its thinking.

It is only on a basis of mutually accepted fact that expert opinion can hope for a fair hearing. At the moment the task of the Grading Committee is to gather and make readily available such facts as are needed to form a sound foundation for constructive thinking. The first collection of these facts is now in print; the second is getting underway. When these facts have been widely accepted, and

their implications carefully discussed, it would seem inevitable that the professions should turn to the experts in each field for suggestions and guidance as to future policies. As soon as the members of the seven organizations represented on the Grading Committee reach the point where they can talk freely and openly with each other, without suspicion and constraint, then and then only will they be able to take advantage of the wealth of wise counsel which each group has long held ready to contribute.



Courtesy of the Canadian National Museum

MT. EDITH CAVELL

Some of those who attend the International Council of Nurses in Montreal next year will traverse western Canada to see such lofty peaks.

Now They Have Fraternities

THE steady increase in the number of University Schools of Nursing will naturally bring with it the question of adjusting student nurses to established university life. Discussion of the advisability of fraternities exclusively for nursing students was bound to arise. We have been hearing opinions from several directors of such schools, and they range all the way from unqualified approval to equally unqualified disapproval. It is only fair to say that the sentiment expressed by directors of schools where fraternities already have been established is unanimously favorable. The most potent argument advanced for the negative is that such organizations tend to be undemocratic. The most practical plea for them points out that they provide a house on the campus for the members, but this privilege must depend upon the school itself and its regulations for the housing of all nursing students whether or not candidates for a college degree. Those who argue that fraternities tend to make the nursing students feel more like the other university students on the campus are balanced by directors who feel that student nurses would profit by mingling with the academic students rather than by forming organized groups within their own department.

Perhaps one explanation of the widely divergent opinions expressed can be found in the rather indefinite use of the word "fraternity." In college circles the word is used to designate an organization of students, usually intercollegiate or "national" in character, the members of which are chosen because they seem to promise to be congenial to the group and also because they reach certain standards set by the founders of the fraternity. A central governing board controls

matters of administration, finance, ethical standards and policy, and is responsible for keeping the chapters up to the required level in scholarship, conduct and general standing in the college world. In such an organization a certain prestige lies in being elected to membership, and it may act as an incentive to students, while members themselves find help and encouragement in the companionship and loyalty of their fellow members. But there is nothing to prevent the word fraternity being used to describe any sort of club existing for the mutual benefit or pleasure of its members. We have high school fraternities, and they are in considerable disfavor among school authorities because experience has shown that they exist only to satisfy the adolescent longing for a secret society, and they may be the means of fostering undesirable conduct. Perhaps some of the critics of fraternities for nurses have such associations in mind. Certainly the heads of university schools where fraternities have been established speak favorably and often enthusiastically of their influence upon the students. "It promotes a real feeling of unity among our five-year students, who had been rather lost in the large enrollment of the Arts course." "There is no doubt but the students have a fine loyalty to each other and a most helpful understanding of the school and its needs." "It answers a real need among our students." Such testimonials may "sell" the idea to skeptical directors.

On the other hand, these skeptical ones speak emphatically in opposition to the installing of special nursing fraternities. They argue: "It would be undemocratic and tend to mobbery and exclusiveness in a profession where such things have no place at all." "If they offer advantages, then the advantages

should be open to all." From a student we hear: "During training we prefer to keep a unified school spirit rather than cause a division by forming a fraternity. After graduation the Alumnae and existing State and National Nursing Associations are sufficient from a professional point of view."

One nursing instructor approves of college fraternities in general because the advantages outweigh the disadvantages, but feels that in so small a group as is formed by the students of a nursing school, the advantages would be lessened if not lost. "Election of a few breaks down the attainment of standards for the rest."

It would appear that nursing fraternities, if they are to stand on a level with others in college life, must be based on the same principles and have as high a standard of eligibility for membership. Such a standard, for the fraternities in the Arts Department of the university, is fixed by the Pan Hellenic Council. For students in professional schools the Pan Professional sets a goal to be attained by fraternities which would rank high in their school world.

Membership in a professional fraternity does not necessarily bar a nursing student from joining one of the older fraternities on the college campus, particularly if the fraternity in the nursing school is a purely honorary one. Nor are other candidates for the B.S. degree who are taking nursing courses ineligible to general fraternities. At the University of Wisconsin, six of the campus fraternities have nursing students among their members, and the director feels that these have benefited by contact with other students. At Michigan, also, nursing students are members of the fraternities together with students in other academic courses. Certainly enroll-

ment in a nursing course is not a bar to election to the older and more widely known honorary fraternities, since we note that three majors in the Nursing Department of the University of Washington were elected last spring to Phi Beta Kappa and two to Sigma Xi—a fine record, for membership in these is on the basis of the highest scholarship. At this same university there is also an honorary fraternity, Sigma Epsilon, open to women in the Pre-Medical, Nursing and Bacteriology courses. Its object is to promote ideals of scholarship and character and to cooperate with the faculty for the good of the department. This is found to be an encouragement to good scholarship and a movement in line with what is being done in other university fields and in schools for the study of medicine. Such an honorary fraternity is not open to the criticism of promoting any social discrimination whatever, and election to membership should carry with it a lasting prestige after graduation and in professional life.

Up to the present time we have had reported to us the following fraternities already well established in their respective schools:

Alpha Tau Delta (established 1921), with chapters at University of California at Berkeley, University of California at Los Angeles, University of Minnesota.

Alpha Alpha Pi (established about 1925), University of Cincinnati.

Sigma Epsilon (established about 1925), Ohio State University.

Sigma Theta Tau, Indiana University, Washington University at St. Louis.

Sigma Epsilon, Honorary fraternity including nursing students at the University of Washington.

Are there others of which we have not heard?

Our investigation of the whole subject has brought out several points which seem worthy of consideration by

all who are interested in the future of nursing schools. The outstanding advantage of a college fraternity is its intercollegiate character which gives contacts with students in other sections of the country and makes possible some definite accomplishment by means of a strong central organization. The scattered organizations in different colleges, each of which hopes to be the basis of a national fraternity, cannot have the same strength. A woman of long experience in fraternity work writes us:

I regret to see the number of fraternities growing up in the nursing schools. I believe that a much happier solution from every point of view would follow if this movement could be held down to only one or two fraternities and these really strengthened and made effective.

Another point worth considering is the present trend of feeling in university circles toward fraternities of any kind. The vast number of new and small fraternities which have sprung up in colleges in the last twenty years prove better than anything else could, the feeling of the average student that if there are to be societies at all she must be in one. To be not elected to any creates such a state of disturbance and unhappiness in the student's mind as may easily wreck her college career. College authorities have known this for a long time, but have been loath to lay one more prohibition before the student body. Now the more thoughtful of the students, and college students today are in some ways more mature in their thought than they used to be, are beginning to come to the same conclusion. At some of our larger colleges the student body has voted to abandon fraternities and to devote to the general good the effort, time and money formerly given to their support. In a school devoted to study for a profession, such a broader

outlook may well have a hearing, and possibly the solution will come in the establishment of honorary fraternities alone, designed to stimulate scholarship, recognize high attainments and to work for the good of the profession. Such honors would be within the reach of all students if they cared to enter the competition.



Removing Plaster of Paris Casts

By DAVID H. SHELLING, M.D., and MORRIS D. COHEN, M.D., New York

THE present methods for the removal of plaster of paris casts entail the use of special instruments, cause damage to knives and are laborious. Even the preliminary moistening of the cast with hydrogen peroxide, acetic acid or saline solution saves little in time or labor. Strong acids are not employed because of the possible injury to patient or instrument. The observation of Shelling and Maslow that sodium citrate combines with calcium to form a soluble unionizable compound and that it is also capable of rapid decalcification of bone, led us to believe that this salt will have a similar effect on calcium sulphate (plaster of paris). The observations of Nichols and Thies that sodium citrate keeps barium sulphate in solution, and the conductivity titration experiments of Shear and Kramer with calcium chloride, demonstrating the specificity of citrate in decreasing conductivity, strengthened our supposition. Simple experiments were carried out to determine the ease and rapidity with which casts can be removed by this means, as compared with older methods. The results as to saving of time and effort were most gratifying.

Technic.—With an ordinary cast knife, a superficial cut is made on the cast as a marker. A 25 per cent solution of sodium or potassium citrate is dropped from a dropping bottle along the outlined pattern. The cast is softened at once and is then cut with an ordinary scalpel or cast knife. The advantages of this method are:

1. The ease and rapidity with which a cast may be removed.
2. The elimination of elaborate cast-cutting instruments.
3. The ease and rapidity with which fractures of any size or shape may be cut.
4. Its inexpensiveness.
5. The absence of chemical injury to patients or instruments.

—From the *Journal of the American Medical Association*, July, 1928.

A History of Nursing Pageant

THE Edward W. Sparrow Hospital celebrated Hospital Day this year by giving a pageant on the History of Nursing. The script was obtained from the League of Nursing Education and the performance was given in the Little Theatre of the local Y.W.C.A. The original manuscript was changed somewhat to meet our possibilities and

little lamp, made her nightly rounds among sleeping soldiers.

The pageant was repeated when the Michigan State Nurses' Association met in Lansing in May, and at that time the accompanying picture was taken.

The E. W. Sparrow Hospital and its training school have rather an interesting history. The Women's



tastes, a whole scene from Dickens' "Martin Chuzzlewit" being dramatized by way of lightening the solemnity of the rest of the performance. The lines were read by "History," a court lady of the fourteenth century, dressed in a French blue gown trimmed with ermine and wearing a gold hennin draped with tulle. This same character read Longfellow's "Santa Philomena" to a violin accompaniment, while Florence Nightingale, on a darkened stage, carrying her famous

Hospital Association of Lansing was organized on April 11, 1896, with a capital of less than \$500, and a small residence was leased and remodelled for hospital purposes. Three private rooms, a children's ward of two beds, and two wards of three beds each were furnished by individuals and societies. The physicians and surgeons of Lansing built a small operating room and supplied its equipment. From that time on, growth has been steady. Mr. Sparrow gave the present hospital in

1912. A wing was added in 1922, and when construction now under way is completed, we shall have a thoroughly modern hospital of 134 beds.

The training school educational standard for admission is a high school diploma. An affiliation has been established with the Michigan State College and two courses of training are given. The first is two years and eight months in length;

the second is five years in length, during which time the students spend part time in college.

The college allows them a year's credit for their hospital experience, and at the end of the fifth year the student has completed both her hospital and her college work and is entitled to the degrees of B.S. and R.N.—the latter by State Board examinations.

Our Professional Balance

By ADELINE STROKE WEIS, R.N.

WE graduate nurses are moving right along these days. We are demanding and enjoying astounding privileges and in the main are paying for them with professional loyalty and efficient service. We are found in all large industries, in laboratories, in doctors' offices and on pri-

vate duty in nearly every hospital throughout this wide land; not to mention the thousands of nurses who are making fine records in other branches of our profession. Yes, we are "doing ourselves proud," but we could do even better by eliminating from our ranks the "whirligig" nurse



"OUR PROFESSIONAL BALANCE"

who is playing blind man's buff with her real professional value; who never steps aside to view the pattern she is making or to adjust her gauge to our professional balance.

The "whirligig" who detracts from our professional standing is the nurse who does not care to know that she is the medium through which our profession is known. She confuses and retards our district meetings with quibbling questions of rights and privileges; she clutters up our registries by registering for duty with no clean uniforms on hand, her hypodermic at one place and her thermometer at another, no rubber heels on her shoes and her cap at the hospital. Then, when she has a call, oh dear, oh dear, the alibi! She is found coming on duty clad in an outlandish attire of French nude hose, sparkling combs, beads, and a much too short Hoover apron. She even may be found in the sickroom with a cigarette in her mouth entertaining the patient with jokes and narratives of cases she has had. And what a favorite she is with some of the doctors! She may consider herself a professional worker, but she's not. She is just a "whirligig," viewing her profession as a secondary matter of keeping a roof over her head and paying for the two-hundred-dollar coat she bought last fall. She does not study, nor plan, nor think; she has never thought of applying a budget to her income; just a "whirligig" spinning around in our profession. And because of her non-appreciation of what she could and should be worth, the profession suffers from the lowered esteem of the medical profession and the public at large. It is affecting the "market" for our services, to which is hinged our real success.

We are all taught the value of a good physical balance; why not teach ourselves the value of a good professional

balance? Thereby we may gain the highest returns our profession has to offer, for surely there is nothing more interesting in life than setting a standard and watching the scale keep a beautiful balance be it physical, mental or professional.

Let us hope the "whirligig," as well as the fine and splendid women in our ranks, will adhere closely to our professional balance wrought through the ideals of Florence Nightingale who, by weary vigils and sleepless nights, climbed the rugged road to triumph, holding high the torch. Let us realize that nowhere are the respect and good will of others so valuable to us as in our own careers, in the art of practicing our profession.



Higher Education

THIS generation, according to the Department of the Interior, has witnessed the coming of a great flood tide of higher education. The figures are compiled by the Bureau of Education and show that the result has been that today there are six times as many students in colleges and universities as there were thirty years ago.

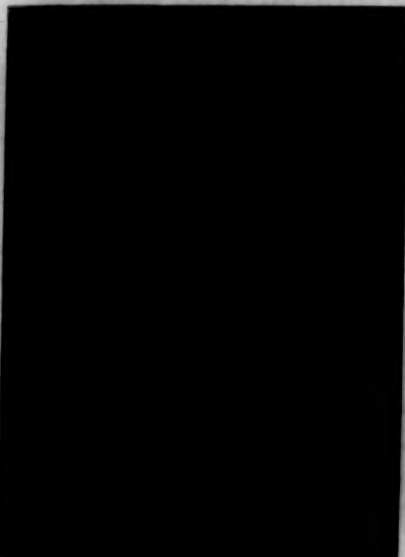
The rate of this increase can be measured, decade by decade. Between 1890 and 1900 there were 4,000 more students each year than the year before. During the past few years the increase has amounted to more than 20,000 a year. The totals of attendance in 1900 were around 120,000. Now they are some 600,000.

The rate of annual increase is now slowing. There are still increases in numbers each year, but the percentage of gain over the year before is not as high as it was. In 1904, for example, the attendance in colleges and universities was 31 per cent greater than it was in 1902. In 1925 this percentage of increase over 1904 was but 15.5. Thus the level of attendance maintains itself and increases, but the tide does not accelerate itself quite so rapidly.

The Bureau of Education ascribes, as the major cause of this increased attendance of colleges and universities, the increased prosperity of the people. High school attendance has grown during the same period from some 257,000 to 4,122,000.

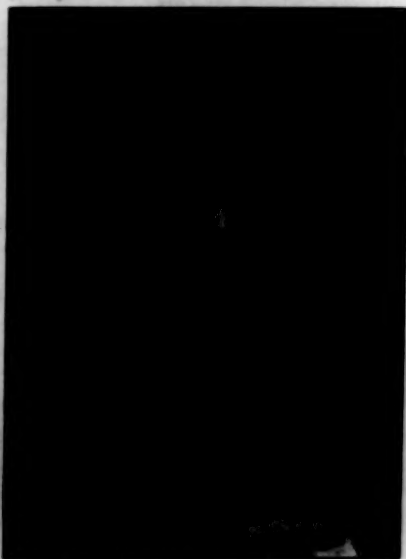
Who's Who in the Nursing World

ANY discussion of nursing in Florida leads swiftly to the names of Mrs. Benham and Miss Fetting. Mrs. Benham's life has been spent in the state. Born in Florida of Huguenot parents, she was educated by tutors and at the Tallahassee Academy. This has been supplemented by extension courses in the University of Florida. Mrs. Benham is a graduate of St. Luke's Hospital School of Nursing, Jacksonville; she has been superintendent of the hospital and school of nursing at Ocala.



LXXXVII. LOUISA SUSAN BENHAM, R.N.

She has worked unceasingly in the interests of professional organizations and has helped to bring into being the State Association, the Alumnae Association of her own school, the Florida Hospital Association, and just last year, the Florida League of Nursing Education. She has been Secretary-Treasurer of the State Board of Nurse



LXXXVIII. ANNA L. FETTING, R.N.

Examiners since 1917 and Inspector of Training Schools for the same period.

Miss Fetting is a native of Pennsylvania, but she could not work for Florida more devotedly had she been born there. Her education too was received from governesses and in private schools. She was graduated from the School of the Woman's Hospital of Philadelphia and was a head nurse there for a period of years. After serving as superintendent at St. Luke's Hospital, Jacksonville, and the East Coast Hospital, St. Augustine, she became Instructor in Nursing in the School of the Morrell Memorial Hospital, Lakeland. She has been President of the Board of Nurse Examiners since its inception and is also President of the State League.

Step by step these two women have helped nursing in Florida along the path of concerted effort. A notable achievement was the organization of

summer courses in the University of Florida, considered by the National League of Nursing Education so important that Blanche Pfefferkorn, its Executive Secretary, was released from her official task to organize the first course, four years ago. It is sig-

nificant that one or the other of these officers of the State Board each year remains on the campus of the university for the duration of the course. Under such guidance the nurses of Florida will make sound professional growth.



Our Contributors

Too much credit could hardly be given the officers of the American Hospital Association for their wisdom in placing the much-discussed question, "Shall schools of nursing have autonomy?" on their San Francisco program. The speakers who participated in the discussion have, in every instance, achieved eminence and need no introduction to *Journal* readers.

Among other things, Katherine I. Ellison, R.N., now Superintendent of Nurses at White Cross Hospital, Columbus, Ohio, has been Superintendent of Nurses at the Cincinnati General Hospital.

Jessie MacLeod, R.N., is a head nurse at the Philadelphia General Hospital, where her intelligent leadership of her group of nurses was a valuable factor in the important piece of medical research carried on by Dr. Small and his associates.

Hedwig W. Hanks, R.N., Superintendent of Nurses at Toledo Women's and Children's Hospital, seems to prove that "where there's a will there's a way."

Iyo Araki, or Araki San, as she is affectionately known to many people, won many friends on her recent visit to this country.

John Carter Rowley, M.D., is a practitioner of distinction in Hartford, Conn., and is

assistant visiting physician at the Hartford Hospital.

The nurses of Frederick Peris Thompson Memorial Hospital School of Nursing in Canandaigua, N. Y., where Zella Nicolson, B.S., R.N., is Superintendent of Nurses, have the reputation of giving good nursing care. The fracture case seems to indicate that good nursing, like genius, is "an infinite capacity for taking pains."

We have known for some time that there is an unusually cooperative spirit in the Pandemonia Hospital. Miss Faddis' article is but one more bit—a very important bit—of evidence.

Marie Des Savers, R.N., Operating room Supervisor at the Lewistown Hospital, has learned that *Journal* readers like practical suggestions.

Mrs. Adeline Strohe Weis, R.N., of Houston, Texas, wrote the text, but her husband drew the interesting and suggestive sketch for "Our Professional Balance."

Chancellor Samuel P. Capen, Ph.D., of the University of Buffalo, is gaining deep interest in nursing through his membership in the Grading Committee.

Those who have worked with mental tests say that Edith Margaret Potts, M.A., R.N., of the Pandemonia School of Nursing, has given us a very stimulating paper.

Editorials

THE PASSION FOR KNOWLEDGE

IT was a nurse frankly in the middle years who told of going back to high school to secure the credits required as a foundation for a university course in public health nursing. The experience was confessedly humiliating. It was also arduous but when asked, "Was it worth it?" her face shone as she said, "Can't you see what it means to do work like this and to hold a position like mine?"

All over this country nurses with a passionate hunger for knowledge are seeking opportunity for study and for augmenting their experience. In the broiling days of midsummer they attended institutes and summer courses. The University of Florida, Peabody College in Tennessee, the School of Social Sciences in Philadelphia, Teachers College in New York City, Simmons College in Boston, Western Reserve in Cleveland, the University of Michigan, the University of Chicago, the State College in Greeley, Colorado, the University of Minnesota, the University of Washington, the University of California, and others report enrollments of from 10 to 382 nurse students in summer courses, a total of about 800. De Paul University had 22 Sisters enrolled for credit courses.

Opportunities for longer courses are not so numerous, but the number of universities and colleges giving advanced work to nurses tends to increase and that is as it should be. Teachers College in New York, the pioneer in this work, has in every way encouraged the development of other centers for advanced education in nursing. No one institution could possibly meet all the needs for supplementary or advanced work of a pro-

fession scattered across the face of the land. Even in the universities which are not giving courses in nursing, as such, we find nurses seeking out work in Psychology, Sociology, Economics, or in many other subjects which they need. A brilliant nun, a forceful worker in the field of nursing education, who is now working for one of the higher degrees, began her college work with a course in public speaking, or oral expression.

Nor is it only in academic education that this passion for knowledge is manifested. Ask the directors of any of the more highly organized schools of nursing and they will tell you that they have a steadily increasing number of requests for postgraduate work of a practical nature or for opportunities for "extended experience." Journeys for observation are more and more the order of the day. The time is not far distant when formal arrangements and compensation for these visits must be made, so taxing are they to the cordial institution which is visited. If all schools of nursing were budgeted as carefully as are the university schools, we should quickly learn to recognize the actual financial outlay of some of our institutions. We should know the cost of professional hospitality and make adequate return therefor.

What does it all mean? The diagram prepared by the Grading Committee and published in last month's *Journal*, indicating that the level of academic preparation among nurses is not rising as rapidly as that of the general population of young women, would be profoundly depressing were the things we have mentioned not true. Principals of schools of nursing have been trying consistently to raise

the requirements for admission. The diagram shows that the requirements have not kept pace with the general population. Black indeed would be the picture if it were not illumined by the passionate desire for knowledge on the part of more than a few nurses. Step by step the profession advances. Of opportunity for well-prepared women, there is no lack. The cry for instructors and supervisors is clamorous. Administrative needs of the hospitals are never filled. Few indeed are the nurses who are really condemned to remain on the lower educational level. Round by round on the ladder of education and opportunity they may rise if they choose, for the means are being made increasingly available and the need of the world for knowledge which can be applied to practical situations is insatiable.

According to "Nurses, Patients and Pocketbooks" there are too many nurses in this country, but it is startlingly true not only that there is almost no competition for positions on the higher levels, but that such positions are often exceedingly difficult to fill.

SAVE YOUR COUPONS

"**S**AVE your coupons and get a degree," said a witty speaker in scorn of those who are more concerned with the badge of education than with education itself. He had in mind, of course, those who choose courses for credit instead of for subject matter, "snap" courses rather than the more difficult ones which might have a direct bearing on the life activities of the individual, or courses chosen without any very carefully planned program of study. This is the season when many women who are already registered nurses are starting on the difficult road toward a degree. Some of them will do it because for them the

path of progress is blocked until they receive academic recognition. Others will do it because of the urge to know, because of the intellectual hunger that will not be denied. They want to get at the sources of knowledge which will help them with their work. Some desire the degree, more or less subconsciously, for the prestige, the social or professional advancement they fancy it will bring. Probably a few are merely acquisitive. They want what others possess.

Well—in the language of the day—"What of it?" It is a desirable end. Does it matter what the motive, so the end is gained? We think it does. The possession of a degree does not in and of itself connote erudition. It does not in and of itself represent culture. It does not in and of itself represent efficiency. It may, and sometimes does, represent a mere patchwork of credits instead of a consistently woven educational pattern. Accumulating credits is a time-consuming task, at best, for the mature student, but to those who make a consistent effort to build up a body of knowledge it is a generously rewarding one, because the searcher after knowledge grows as she works. In a wisely chosen program one course leads to another, vista opens into vista, until as the goal comes in view the aspirant for a degree finds herself in a new world of thought and ideas and knows that there are alluring vistas on beyond which promise the enchantment of ever widening horizons while life lasts.

What we started out to say, however, has to do with the use of the degree rather than with the method of securing it, important though that is. Occasionally nurses have been known to flout their degree or their college experience in a fashion actually offensive to those who have not had

the same opportunities. It is a manner which is amusing to those of higher academic attainments; it is irritating to those less fortunate. No good purpose was ever served by arousing jealousy. Such people can be compared only to the newly rich who believe, not only that money talks, but that it is necessary to talk about money.

We argue, not against the acquisition of degrees, but against ill judged display. How well we understand and how deeply we respect the urge for more knowledge; how deeply we sympathize and how readily we applaud those who make extraordinary efforts to secure it. Well we know the importance of the academic yardstick, the dignity conferred by degrees which are intended to represent to the world the effort expended in acquiring knowledge. But, oh, how boundlessly we admire those who possess not only knowledge but wisdom. "Knowledge comes but wisdom lingers," but when it comes it brings intellectual modesty, and a sensitiveness to the mental states of others that safeguards many of the danger points in human relations.

THE LEAGUE CALENDAR

THE 1930 Calendar which is now on sale by the National League of Nursing Education is of rare interest. The subject is Historic Hospitals, and

a journey to the lands in which these ancient institutions are found would take one from London, England, to Belgium, France, Spain, Switzerland and Italy and then on to the Holy Land to see the ruins of the Hospital of St. John of God in Jerusalem.

The calendar has real charm. The cover is one to be cherished long after the months of 1929 have fled down Time's pathway. It is a picture of the Hospital St. Jean, Bruges, done in lovely tones of red and brown.

Instructors in the history of nursing will rejoice over the historic lore the calendar contains, but all nurses will find interest in this small record of large service which has woven into the fabric of our professional past some of the most durable and glowing threads.

The League, as all nurses know, is very dependent on the calendar sale. It is an important source of income. If the sale is really large, the League's treasury will permit more extended work for nurses and for nursing education, even though the price for a single calendar remains, as in previous years, only one dollar. This year's sale need not be based, however, on duty to the League. It will "go over big" because of the charm and intrinsic worth of the calendar itself which will be on display at all fall meetings.



FRANCIS BACON, commenting on the popular belief in his age that "knowledge when it entereth into a man maketh him to swell," describes the dangers or the diseases of learning into three categories: "first, fantastical learning which leads to vain imaginations, to a study of words, not matter; second, contentious learning that leads to vain disquisitions on subtleties of no matter or moment; and, third, delicate learning that leads to vain effusions, errors, impostures and deceptions." He then goes on to say that there is no danger in the quantity of knowledge, "but it should swell and out-compass itself, but in the quality which, if it be taken without the true corrective thereof, hath in it some nature of venom or malignity, and some effects of that venom which is sickness, or swelling. This corrective opion, the mixture whereof maketh knowledge so sovereign, is charity."—From an article by Isabel M. Stewart, R.N., *Nursing Education Bulletin*, Teachers College, New York.

Questions

23. What requirements are necessary to become members of local, state and national organizations?

Answer.—The membership clause of the By-Laws of the American Nurses' Association is as follows:

"Membership in this Association shall consist of the active resident members in good standing in the state associations belonging to it; such members of the state associations being registered nurses, graduates of training schools connected with general hospitals, giving a continuous training in a hospital of not less than two years, or giving an equivalent training in one or more hospitals. This training must include practical experience in caring for men, women and children, together with theoretical and practical instruction in medical, surgical, obstetrical and children's nursing. The daily average of patients shall be that established by the State Nurses' Association in the state from which the applicant comes for admission to membership."

Space does not permit inclusion of the membership clauses of the individual states; all are founded on this.

24. About how many registered nurses are there at present in the United States?

Answer.—The number is variously estimated; probably about 300,000.

25. About how many nurses graduate from schools of nursing each year?

Answer.—It has been estimated that about 20,000 are being graduated in 1928. For detailed information on this point, see the Report of the Committee on Grading Nursing Schools, "Nurses, Patients and Postethnics," Chapters 2 and 3.

26. How many universities throughout the country have now established departments of nursing?

Answer.—In the Proceedings of the Conference on Nursing Schools Connected with Colleges and Universities (published by the National League of Nursing Education), Miss Nutting states that the records show "at present, in this country, about 45 colleges and universities connected with schools of nursing or providing courses of instruction for graduate nurses." These connections vary all the way from the two schools mentioned in the

answer to the following question, down to some very tenuous connections indeed.

27. What two schools of nursing were recently endowed and placed on a University basis?

Answer.—The School of Nursing of Western Reserve University, endowed by Mrs. Chauncey Bolton, is in every sense a University School of Nursing and is on a parity with other schools in the University. The Yale School of Nursing is also a true University School, with its own dean and faculty. It is subsidized by the Rockefeller Foundation.

28. Give the main provisions of the Texas Registration Act for nurses passed by the legislature of 1923.

Answer.—For details, see the "Digest of the Laws of the States Requiring Registration for Nurses and Attendants," issued by the American Nurses' Association. The Texas law provides for one year in high school as a preliminary to nursing training, and requires that the student be 18 years old, unless she has had four years of high school, when she may enter at 17. The registration fee is \$15 and renewal fee, to be paid when re-registering annually, is 50 cents.

29. Do all states have registration laws now?

Answer.—Yes.

30. What is the main motive of the International Council of Nurses? How may one become a member?

Answer.—"The essential idea for which the International Council of Nurses stands is self-government of nurses in their associations, with the aim of raising ever higher the standards of education and professional ethics, the public usefulness and civic spirit of their members. The International Council of Nurses does not stand for a narrow professionalism, but for that full development of the human being and citizen in every nurse, which shall best enable her to bring her professional knowledge and skill to the many-sided service that modern society demands of her."

Only national organizations, and only one in each country, may be members of the I. C. N. Members of the A. N. A. are automatically and indirectly members of the I. C. N., as the A. N. A. is a member.

Department of Nursing Education

EDITED FOR THE NATIONAL LEAGUE OF NURSING EDUCATION BY
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Problems of Professional Education¹

BY SAMUEL P. CAPEN, PH.D.

LET me begin with a very brief summary that may furnish a useful background against which to project your problem. There have been very obviously three stages in the development of formal education for the professions in the United States. The first of these periods we might call the period of expansion. During that period, which fell for the most part in the past century, professional schools of all sorts multiplied. The conspicuous thing was the multiplication, first of schools of medicine, law, engineering and the other older professions, then of schools for the newer professions as these came to be evolved. Most of these schools had no relation to universities, or if they happened to be attached to universities they were in the nature of parasitic growths. These early professional schools had very few educational prerequisites. The main object was expansion—more schools and more students.

Then there came the second period, with the first quarter of the 20th century, the period of standardization. This period has not yet ended. Desirable standards for professional schools have been defined and enforced by all sorts of pressures both inside and outside the schools. Indeed, the standardizing activities have been carried on quite as much by the non-academic

professional bodies and by legislatures as by the educators. National conformity with these standards in the schools which train for most professions has pretty well been secured. The striking example, of course, is furnished by the standardization of schools of medicine.

The third period, which is just beginning, is what I might describe as the critical period. Practically all of the efforts in professional education have in the last few years been subjected to critical analyses. The Carnegie Foundation for the Advancement of Teaching led off in this movement with its notable studies of medical education and engineering education which began to appear about fifteen years ago. Since that time various other agencies have entered the field, notably the Commonwealth Fund. There has grown up also in the later investigations a new technique for estimating the efficacy of professional training.

Of course, before we had any formal professional education in the United States there was the still earlier stage of apprenticeship. If we count this as a definite period in the development of professional education, we should have to recognize four periods.

Now nursing education, as I look at it from the point of view of the outsider, seems to be peculiar in that it is in all four stages of development simultaneously. Instead of having run through the various periods in sequence, it is confronted at the same

¹ Given at the Nursing Section of the National Conference on Education held at Teachers College, Columbia University, April 11, 1928.

moment with the problems that each successive period has brought with it. I do not need to say to you that nursing education is still to a large extent apprenticeship more or less modified. It is also evidently in the era of expansion, or if it is not still in it, it has just come out of it. Tentative efforts toward standardization are already going on or are just about to be formulated. And also there is this large enterprise, just getting under way, that aims to examine nursing education critically in the light of the new technics of educational inquiry that have been recently developed.

So, if we did not know it before, it would seem to be plain from the movements taking place in the field of nursing education that nursing itself is in the status of an emerging profession. Its strictly professional status is not yet wholly established. It is old as an occupation. It is just coming up to the professional level. Some of you may not like to have me say that, but I think it is a correct statement of the case. I could say the same thing, if you will, about my own profession. Teaching is not yet a profession in the sense that medicine is a profession and law is a profession.

Some of you may be familiar with Dr. Abraham Flexner's very penetrating definition of a profession. It was offered some dozen years ago, in an address before the National Conference of Charities and Correction. He pointed out some six characteristics of a profession. I have never seen any other analysis of what constitutes a profession that satisfies me as fully as this one. Let me summarize the four criteria that seem to me most significant. He says, first, and this is the most important characteristic of all, that a profession involves intellectual operations with a large individual responsibility. The routinizer does

not qualify for professional rating. The second characteristic of a profession is that it derives its raw materials from science and learning. The third significant characteristic is that it possesses an educationally communicable technic. And the fourth is that it is essentially altruistic in its motive. The professional practitioner does not carry on his work primarily for gain, but primarily for service.

I think that all thoughtful people are agreed that nursing should exhibit these characteristics, and on its highest levels it unquestionably does. But like teaching it does not yet on all its levels meet all of these requirements. That is what I have in mind when I say it is an emerging profession. It is not yet completely professionalized as is medicine or law.

If the correctness of this estimate is granted, it may be of some value to those interested in nursing education to note what the experience in other fields of professional education has been. We have had some seventy-five years, roughly, of experience with formal professional education in the United States. Some ghastly mistakes have been made by people who have had professional education in charge. And of course much substantial progress has been made, so I think I can do no better than to indicate very briefly to you some of the things that other professional educational enterprises have found necessary and good, and some of the mistakes which ought to be avoided by a profession that is just crystallizing.

The first thing which has been found necessary for all forms of professional education is an investment, a money investment. It is interesting to observe, if you look back into the history of other types of professional schools, that none of them had it in the beginning. Medical schools were at

first profitable, law schools were profitable, and other forms of professional education have commonly been run without capital or stable sources of income. They have gradually all found out, however, that you cannot give effective education on this level without some financial investment.

Now, of course, all of you are aware that up to date there has not been much investment in nursing education. I do not know how many nursing schools today are endowed. The last bulletin from Dr. Burgess' office shows only four out of about 2,000 in the United States that have some financial substance behind them. The typical situation is that the school attached to the hospital is profitable to the hospital. Indeed, at the moment, nursing is the only profession left in which the student body is a large source of profit. In the other professions the students in training are a source of expenditure. But we all know that the hospitals run nursing schools because that is the way in which the hospital work can get itself done at the least expense. We also know that this lack of special financial provision for nursing education, this social exploitation of nurses in training has resulted commonly in faulty equipment or absence of equipment for the actual work of education itself. It seems to me perfectly plain that one of the large tasks before you and before others interested in the development of nursing education is to change the viewpoint of the persons that are responsible for these conditions. The public and particularly hospital authorities must experience a genuine conversion before you can win the same public recognition for the educational needs of your students that most of the other professions have already secured.

Other professional training enterprises have found it essential to have

trained teachers devoting their lives to the business of teaching. That sounds like a truism now, but we forget that it was only a few years ago that all the other professional schools were in the same position that you are. The teaching was done by people who were not teachers. It was carried on as a side line by busy practitioners. But those responsible for other forms of professional education have all come to see that the actual educational job will not be done as thoughtful people know it must be done, it will not be studied and progressively improved unless there is a group of persons engaged in the teaching for whom teaching is the primary concern. In nursing education that time has not yet come. In the majority of nursing schools there are no persons whose principal job is to teach. You cannot change this condition in 2,000 schools overnight, but you can begin to change it. As the first step, it seems to me essential that all of those who have charge of nursing schools should be trained as teachers and that they should be trained in specific ways as teachers of nurses, not that they should receive the kind of training given to teachers of primary grades or high school grades. Let me elaborate this point. I think that the superintendents of nurses in hospital schools and other persons in charge of nursing schools should be instructed, for instance, in what we know concerning the principles and problems of curriculum construction. Then I think they should be made acquainted with some of the principles and techniques of educational administration. That is surely a very important subject for people who administer other types of educational institutions and I cannot believe it is without value for nursing school administrators.

Every one of the professions, as it

has come along in its training enterprise, has finally had to realize that preliminary education is necessary before professional education can be profitably undertaken. I suppose one might go out to the smaller places in the United States and discover hundreds of practicing physicians who got their training thirty years ago and who, in the matter of preliminary education, are on the same plane on which the majority of nurses now are. It was a common thing, thirty years ago, to enter the medical school with only an elementary education. In other professions similar conditions prevailed. All of the professions found, however, that you cannot build something on nothing and practically all of them have come to the establishment of some educational prerequisites. The lowest educational foundation judged by any profession to be sufficient is that represented by graduation from high school.

I think one of the easy things to bring about in your own field of training is the national acceptance of some such minimum educational standard as that. I say easy because those who try to defend a lower level of entrance requirements have hardly a leg to stand on in these days. The population of the United States is becoming a population of high school graduates. As a matter of actual statistics, something pretty close to 50 per cent of our young people are now getting secondary education. I believe also that for the superintendents of nursing schools a still higher educational qualification is necessary. Indeed, if I judge correctly the effect of the work of the few admirable university schools of nursing, they have not only already done much to spread this idea, but they have also begun to furnish a supply of persons who are adequately trained for the higher posts.

As the training for all of the other professions has come up to a higher educational level, it has exhibited a steady transfer of emphasis from apprenticeship methods to what we might describe as academic procedures. I suppose in many cases that transfer has been unconscious. It has just happened. Without doubt it has been partly the result of turning over the training of future professional practitioners to persons who are not themselves practitioners but are primarily teachers. You cannot get away from the bias of the teacher. At the same time in all our professions there has been, coincident with growth in the number and size of professional schools, an enormous growth in the content they have to handle. What is choking the medical schools today is the amount of scientific information with which they have to deal. It was the growth of technical knowledge that caused something like a revolution in engineering education. Now because of the introduction of the trained teacher and because of the growth of professional information, the practical operations that used to occupy a large part of the course of professional education have tended to be displaced. Both the members of the various professions and the teachers now regard this as an unfortunate development. The practical application of scientific information is an essential part of professional training. We have all recognized that it must not be lost, and that it must be reintroduced where it has been lost.

The first document that the Committee on the Grading of Nursing Schools printed contained reference to the fact that in most courses of professional education the current devices for practical training are to some extent artificial. I think that is a perfectly just characterization. For

instance, many of the devices used to secure the practical application of theoretical information in the training of teachers or of lawyers are obviously artificial. But in their defense it should be said that they represent the best means we now have of doing this very necessary thing, since the normal practical procedures of genuine apprenticeship have been lost.

The results of all three of these developments are critical. Because of the transference of professional instruction from practitioners to scholars and because of the growth of knowledge and because of the necessity of rehabilitating practical training, the professional schools of the United States are generally facing an emergency. In nearly every type of professional school the curriculum has become intolerably congested. The most serious example of congestion is in the medical school. The medical curriculum is an absolute impossibility at the present time. But the curricula of other professional schools are approaching the same state. A remedy must be found, and without delay.

Some of us think that a suggestive way out has been discovered. I refer to the new kind of educational investigation that has been called job analysis. Job analysis is relatively easy to define—although very hard to do. In making a job analysis of any occupation we go back to the occupation itself, study that, study the practitioner in action, and out of the observation of what the practitioner does, what his problems and difficulties are, we derive the necessary elements of the course of training. We possess now completed job analyses of a great many sub-professional or semi-professional occupations and of two or three of the professions. Job analyses of pharmacy, and of librarianship have already been made. Similar in-

vestigations are in progress in the fields of medicine and teaching and under the Committee on the Grading of Nursing Schools a job analysis of nursing is projected.

I think that the experience of the other professions in just the lines I have been discussing during the last few minutes is particularly pertinent for nursing educators. Your type of apprenticeship is something quite different from the types of apprenticeship that have prevailed in the early stages of other professional occupations. Dr. Burgess' first bulletin from the Committee on Grading of Nursing Schools describes it very dramatically. The pupil nurse, she points out, is not one person working with one master learning the process step by step under constant observation and direction. She is "it" to start with and frequently the master is not there. Because of the vitality and the cruciality of the work itself all her native resources are called into play from the outset. It seems to me that however deficient this form of apprentice training may be, there are also inherent in it elements of strength that must be preserved. As you win recognition for some of the important things we have been discussing and get them gradually adopted in your scheme of training, you must also not surrender this great benefit that is already yours. Now I do not know how that is going to be brought about. I think the job analysis of nursing—and of course I am aware that a preliminary job analysis, as complete as one as could be made in a brief time, has already been made by the League of Nursing Education—I think this job analysis and the more extensive one projected by the Grading Committee are going to be enormously useful. But I do not believe that any job analysis, unless it follows

altogether new lines, is going to answer the question of just how much practical work should be combined with the theoretical, and what, and in what manner. I think this question of the way to integrate your practical work, which you must preserve, with the more formal sort of education which you obviously need to develop is a long, long problem for you.

Nevertheless, I would suggest that there are some experiments already under way that may be significant for you. Perhaps the doctors won't admit it, but we do not know yet exactly how to teach the clinical branches of medicine. Still there are interesting and fruitful examples of clinical teaching to be found here and there in some of our best medical schools, and I think those ought to be studied.

Then, of course, you all probably know of the experiments that have been going forward in engineering education. I refer to the so-called coöperative part-time plan which was started some twenty years ago by Dean Schneider at the University of Cincinnati. Under this plan students work in the school part of the time and are employed on a real engineering job the rest of the time. Coöperative part-time education in engineering has been extraordinarily well done by some schools and I think one source of suggestion for you would be those places.

At my own institution we have been trying to do something in the training of dentists that looks to me suggestive for other professions. Of course, the dentist, like the nurse, has to be able to perform specific types of operations which are manual but which also involve substantial scientific knowledge. For instance, a dentist prepares a cavity, makes a filling and inserts it, prepares and fits a plate, etc. Our first step was to try to get these op-

erations segregated, so that each one might be presented as a separate expert task demanding the acquisition of a certain manual skill. After that the students were given these jobs to do in series and as soon as they had mastered one they went on to the next. The deadening repetitions of the same operation after the technic had been learned were abandoned. We have also gone one step further. We have begun to bring together all the scientific information basic to the performance of each operation, as, for example, the treatment of a case of dental caries, and to require the student to recapitulate this as he learns the operation. Thus in the simple process of preparing and filling an ordinary cavity, the student reviews and applies the principles of dental anatomy, histology, pathology, metalurgy and the rest.

A long period of intensive educational investigation lies ahead of us in every field of professional education before we learn how to adjust our schools to the new conditions. And in this task we are getting very little help. I commend it to our schools of education. I think your field particularly ought to offer to any school of education some of the most fascinating problems. If I had charge of a group of graduate students in education I could imagine no more fruitful direction in which to point their efforts.

Let me mention one more experience of other professions which I think is of importance for you to bear in mind. Nearly all the others have gotten themselves involved in large national standardizing undertakings. They set up definitions of an acceptable professional school. They classify. They admit you to their sacred ranks or they throw you out, according as you meet the terms of a mechanical prescription. Nursing schools are not

yet standardized. But your camel's nose is just getting inside the tent. My advice to you is to keep the camel's nose there for a while. Let him sniff about a bit and see whether that is where he wants to go after all. Because these standardizing enterprises have been just as bad as they have been good. Everyone admits that without the efforts of the American Medical Association, we should not have had as respectable medical education as we have today. But there's another side to it—although that is another story and I shall not tell it here. However, just as soon as you set up this standardizing machinery so that it really works, then it becomes a straitjacket. It becomes intolerably oppressive and finally it thwarts all intelligent educational progress. This has been the experience in every educational enterprise where the standardization has been really effective. The reason is now apparent to all who look at the standardizing movement impartially. The criteria of standardization are all mechanical and superficial. They relate to externals—so much money, so many full-time teachers, so much equipment, so many semester hours or clock hours of instruction, etc. Now I realize that there must be standards, indeed we cannot operate educational institutions without them. Likewise inferior or dishonest institutions should be suppressed or forced to reform. But it is my hope that those educational groups that have not yet got themselves involved in one of the conventional standardizing plans will recognize the futility and the danger of trying to accomplish these ends by the current quantitative procedures and will adopt more stimulating devices. You are committed to a program of standardization. If you have the ingenuity to put it on a new basis

you can make a great national contribution.

I think it is important that nursing educators as a group should lay out for themselves a program of concerted action which should follow certain general directions.

First, I should say, it is necessary everywhere, in season and out of season, to stress the need for money, money from hospitals, money from universities, money from philanthropic individuals and foundations that are interested in nursing.

Then I am sure you have to educate the public. You must show them what your needs are and what your problems are. And perhaps the best part of the public to begin on is the educational profession. The educational profession—to its shame be it spoken—knows comparatively little about you. It needs for its own good to know more, and you need its help. I was interested in the remarks made here at the beginning of this meeting. Nursing education, it was said, is set off from the rest of Teachers College. Nevertheless, I judge that it is here singularly at home. If that is the case, it is of course a rare situation.

And that leads me to my third recommendation. We need a lot of experimentation, and that, it seems to me, is what the university schools are chiefly under obligation to furnish for us. They, more than any other schools, have the facilities and the environment for carrying on fruitful experimentation. The older I grow the less faith I have in formulas for the conduct of any educational undertakings; the more disastrous they look to me. All the best of our educational progress in America has been made not by following formulas but by bold adventuring. Almost universally progress has been initiated by some sincere and courageous institution which

has tried a new experiment quite at variance with existing practices. If the experiment has succeeded, it has then by contagion become the rule of the land.

And finally may I counsel patience. It is needed by all who are interested in educational reform, for educational reform moves with glacial slowness,

and perhaps you especially will need to exercise patience. The developments that you wish to see in nursing education cannot come swiftly, the field is so vast and the problems are so unlike any others we have ever had to face. But the reforms for which you are working are worth working for, and worth waiting for.

Practical Values of Mental Tests and Measures in Schools of Nursing¹

BY EDITH MARGARET POTTS, R.N.

THAT not all is serene in the world of education may be learned through even the casual perusal of almost any of the popular magazines. In many of them are to be found articles having as their text the faults of the existing educational system and offering methods for correcting these faults. That the faults enumerated are almost as numerous and as varied as the articles themselves, and that the remedies proposed are even more numerous than the faults, is not exactly a proof that there are no faults but simply that the people are conscious of a lack in present methods and are viewing the situation, each from his own standpoint and unfilled need rather than as a whole. Educators too are conscious of defects, and are discussing earnestly how they may remedy them. In these discussions, however, the criticisms are somewhat more consistent and the suggestions offered are somewhat more formal and more general in application than in the popular arti-

cles, due to the more nearly standardized preparation of this group, and also to the fact that they are considering the educational field as a whole and not alone the small portion of it which directly concerns them. The world of nursing education is determined not to be behind other educational systems and at every turn we are hearing and seeing discussions and criticisms of our methods. This is as it should be, for if we are to remain abreast of the educational times we must adjust to the new educational theories and methods. It may be objected with truth that our problems are somewhat specialized ones, yet they are in their essentials parallel to those of other schools. Put briefly these problems of ours might be summed up as follows:

1. What shall be taught the student nurse?
2. How shall we be certain that the student is capable of comprehending the instruction given?
3. What relationship may we expect to exist between the scholarship of the student and her general nursing ability and success?

The answer to the first of our problems has been more or less definitely

¹ Readers are reminded of a scholarly article which is an admirable supplement to this one, by E. Louise Metcalfe. It appears in the 1928 report of the National League of Nursing Education, which is now available.

put before us in the *Curriculum for Schools of Nursing* edited by the National League of Nursing Education. Variations from this are those found necessary and suitable in each school, and, in the better type of school at least, are generally in the form of additions to rather than of subtractions from the work suggested there.

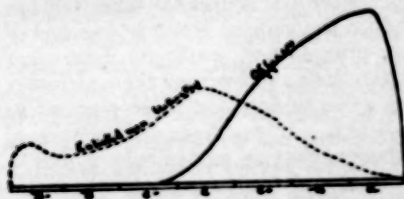
The answers to the second and the third of these problems are only beginning to become clear, and in order to understand them we must go outside our own field and find how psychologists and general educators have answered similar problems. This we are enabled to do by the existence of an extensive and growing literature on these points which represents the result and the recording of many educational experiments.

The early educational system of our country was evolved with one specific purpose, that of enabling the individual to read his Bible and so be responsible for his own soul's salvation. Naturally this type of education developed under the immediate care and supervision of the churches, and stressed the one essential, namely, ability to read the printed page. This statement must be considered in this form, for such ability was not at all inevitably accompanied by ability to read written documents. The purpose in education which developed somewhat later, that of preparing the citizen to perform intelligently his duties as a voter, broadened somewhat the scope of the material taught, but did little to improve the methods. The vogue of the Lancasterian system in the early nineteenth century did something toward this last, but the thesis was still maintained that the educational system should be formally and carefully devised according to the best theories at hand, and that the child should conform to the system.

That the education thus planned might include much that was of no practical value to the child, and might omit much that was necessary to enable him to meet successfully the situations which he was sure to encounter did not seem to distress its proponents. It is only in comparatively recent years that educators have begun to feel that education alone is successful which first considers the child and his needs, and then is adapted to meet those needs. In order that this may be accomplished, it is necessary to have a clear scientific perception of the child's abilities and needs, and of the relationship existing between the two. It is for this that psychologists have devised many tests. These tests are variously designated as mental tests, tests of intelligence, tests of special abilities, tests of will, temperament, and of character; but all have essentially the same purpose, to discover the relationship of the child to his environment and the procedure necessary to make that relationship more satisfactory.

The attitude of the lay mind toward these tests is interesting. When psychologists brought forth their first tentative and somewhat crude tests in 1908, the general attitude was one of skepticism and scoffing. Few other than their authors took them seriously or even understood their purpose at all well. It was from the attitude of this era that we gained such stories as the one of the youngsters who came home from school and announced that Johnny had taken the examination to be an idiot, but he couldn't pass it. Perhaps some of the psychologists themselves were at times somewhat vague and confused as to what they expected to learn through these tests, and as to the practical value their knowledge would have. Today, however, much of that is changed and the

knowledge of the uses of mental testing has become very definite, concrete and general. With some of the tests, such as the classification of students according to special abilities, vocational selection, and the character and curve of the mental growth of students, we may not need to concern ourselves overmuch, as they seem to be designed more directly to meet the needs of the primary and the secondary schools. Others of the values as accepted today are applicable to our own situation. If, for instance, a test is of value in making a diagnosis of those pupils who are presenting adjustment problems, by all means let us use that test. If a test is of value in measuring the value of the educational unit represented by the school of nursing, let us use it that we may measure our work in definite objective terms of accomplishment. If by giving tests and comparing their results with those from other tests and with other criteria we are able to discover the interrelationships of mental traits and to decide that much discussed question of whether or not people may be panelled off into distinct types, by all means let us do so.



Probably the largest practical use which has been made of mental tests was during the recent war when a group of them was devised so as to facilitate the assignment of men to the various types of work according to their individual ability and capacity, to eliminate those who were found to have such inferior intelligence that

they could not be used in any branch of the service, and lastly to discover officer material. This group of objectives for using tests should be very carefully studied by those who are concerned in the educational work in schools of nursing, for in every point they exactly parallel situations which present themselves to us. We too have need to learn the relative ability of our students, we too must learn that there is a level of intelligence which must be required of those who are to be accepted into our schools, and we too have need of a definite standard which will enable us to choose the material from which our leaders shall be made.

While all of us know in a general way the idea of tests of intelligence it might be well to recapitulate briefly here that they are used to compare the mental ability of the person tested with certain fairly well-established normals. They employ many aids toward this end and they are used to measure either general intelligence or some specialized capacity such as mechanical aptitude, musical ability or the like. The technique of formulating, giving, scoring, and evaluating these tests is a matter for the psychologist, never under any circumstances for the untrained person, but the information gained from them may be so expressed as to be comprehended by those with very little psychological background. Ability to read graphic curves and to apply the knowledge of comparatively simple mathematics will readily enable us to understand the tabulated record of a group of tests. An example of this may be found in the use of the tests in the army. A glance at the accompanying graph will show two things, the first of which is the average score of all the men in the draft who were tested with the so-called Army Alpha Test. This

included all the English-speaking literates, a total of some 82,936 men. The second piece of information given by this figure is the average score of all the officers chosen from this group. The highest possible total in this test is 212. By the graph it will be seen that comparatively few of the entire number made a higher score than C. On the other hand, comparatively few of those chosen as officers made less than that. While high rank in the Army Alpha test was not the only factor in the choice of officers, it was a very important factor among the several which were considered. What might not some such test do for us in our attempts—first to choose suitable candidates for admission into the school; second to demonstrate which of those already in the school should receive the benefit of special responsibility and training?

It is true that our problems are not exactly those of the army nor of the college, yet the general qualities needed for leadership are about the same, no matter what the field. The objection may be raised by some that tests are for intelligence only, for an ability to comprehend material as presented in books and lectures. That is not wholly true, however, for an ability to comprehend these more abstract and therefore more intangible problems usually is accompanied by an ability to comprehend orders, to understand a situation, and to analyze it into its essential parts. But even if it were true and the tests thus far indicated, the Army Alpha, the Thorndike, and the many other modifications of the Binet-Simon tests, were unable only as a measure of the intelligence needed for comprehending purely theoretical matter, so wide is the variety of other tests that we find such tests as the simple Knox cube test for testing performance, the Me-

Quarrie tests for mechanical aptitude, the Seashore tests for musical ability, the tests for emotional tone, for interest, for moral attitudes or judgment, for æsthetic sensibilities, and last but by no means least in importance, for will and temperament. Among the more interesting ones of these latter is the Downey Will Temperament profile test which is planned to demonstrate the will traits in three groups. The first of these groups may be spoken of as traits of speed and fluidity of reaction. Under this head we may test

- (a) Speed of movement
- (b) Freedom from load
- (c) Flexibility (By means of disguised writing)
- (d) Speed of decision.

The second of these groups of traits may be considered as those having to do with forcefulness and decision of action. Here we may find a measure of

- (a) Motor impulsion, or the amount of energy which is behind one's action
- (b) Reaction to contradiction
- (c) Resistance to opposition
- (d) Finality of judgment.

The third group of traits for which this test may be considered valuable are those which have to do with carefulness and persistence of reaction. Under this group we may test the subjects

- (a) Capacity for inhibition (slow writing)
- (b) Interest in detail
- (c) Coordination of impulses
- (d) Volitional preservation.

The score for this test is represented in the form of a profile showing those tests in which the subject ranks high and those in which he ranks low. While the test is not yet complete enough to be safe for general use, it is hoped that after it has been further refined and its degree of correlation with other sources of judgment has been increased, it may be of great value in discovering strong traits in

the student which have not been apparent to casual observation and, by confirming the existence of suspected weaknesses, to enable the student either to overcome them or to compensate for them. The value of such power of learning the character traits of the student is at once apparent to anyone who has had experiences with the older, less accurate fashion of judging entirely by actions which we all know may be colored by many factors.

The next question which naturally arises is: "Does a high ranking in intelligence tests and in school work have any correlation to later success in life?" Various answers have been given to this question, most of them based upon guesswork, many of them colored by prejudice. However, the study by Gambrill of college achievement and vocational efficiency gave certain definite results. The graduates from twenty-two large colleges were studied carefully. The findings in brief were as follows:

1. The number of students who attained scholastic honors and also later distinction in their professional lives was relatively eight times as great as the number who did not attain such honors and yet attained distinction in their profession.

2. There is apparently relatively little cor-

relation between scholastic honors won in college and later income. The factors which enter into this relationship are so complicated, however, that the author felt that she was not yet ready to make any statement along this line.

3. Scholarship had a real influence in the choice of vocation.

To make a practical application of this mass of material to our own particular problems we might summarize it somewhat as follows:

1. Tests have been devised which measure with a fair degree of accuracy the intelligence of a student and also certain other characteristics.

2. The person of low intelligence commonly ranks correspondingly low in most of the other traits which are desirable.

3. Ability to gain scholastic honors is usually accompanied by ability to gain at least a fair degree of distinction in the profession chosen.

To illustrate this, let us cite a few actual examples. These records are those of student nurses, therefore the degree of distinction which they will gain in their profession is still to be discovered. They were, during their preliminary period, given the Army Alpha test. Accompanying the grades in this are presented their grades in classwork, their grades on their efficiency records and, in the fourth column, remarks taken from various

Student	Army Alpha	Class Grades	Efficiency Grades	Remarks
1	C	C, C, C, C, C, D, C, C	C, B, C, C, C, C, B	Conscientious Steady
2	A	B, B, B, A, A, B, A, A, A	B, B, C+, B, C+, B, B-, B B, C	Overcoming an initial dislike of the work. (Accounting for the double grade of C and B) Always capable of finding other work after assigned work was finished.
3	A	A, A, A, B B+, A, A	A, B, C, B- C, C	Willing to serve and eager to learn. Outstanding qualifications. Decided improvement. Grasps new methods readily.
4	A	A, A, B+, A B+, A, A, A	B, B, C, B B, B, A, A	Exceptional interest. Most satisfactory. Better understanding of work than most students of her experience. Work above average.

supervisors' reports on their work. May not a check on these and hundreds of similar records, if taken some years hence, be of real value in establishing uses and lacks in our tests, and enable to make some really satisfactory correlations?

The colleges, under their so-called new plan of admission, are making a practical use of such tests. Under this plan the student desiring to enter college must present four types of evidence. These relate first to preparation, second to character, third to health, and fourth to intelligence. If the student is satisfactory in the first three respects he may at his own application substitute for the ordinary entrance examination the intelligence test. "*Students who enter by this plan are regarded as among the most satisfactory of those in the college.*"² Does this not point out a method which we might with profit consider adapting to our own use? Let us learn to look forward and not back.



Posters

THE National Health Council Library, 370 Seventh Avenue, New York City, has compiled a very valuable Health Poster List, with titles, publishers and prices. The list is really comprehensive as more than sixty well-known organizations and their "poster products" are included.

The cartoon, "Teamwork," which appeared in the June issue of the *American Journal of Nursing* may now be purchased in poster form, price 50 cents. Send orders to 370 Seventh Avenue, New York.



Midwife Activities in Mississippi

IN the original survey, 1921 and 1922, when names of midwives were collected from lists of registrars and county health officers, the number totalled 4,208, to all of whom, to initiate the service, permits were given. On January 1, 1928, 3,437 were active.

² Frank N. Freeman, "Mental Tests," page 366, Houghton Mifflin Company.

The nurse who made the survey estimated that 90 per cent of the midwives rounded up at this time could not read or write, and that 99 per cent were colored, a great number old and decrepit, filled with superstitious ideas, with an utter lack of cleanliness, disinclined to call the doctor for abnormal cases, bewildered and intimidated by the fact that they were to be under supervision. A fair per cent of them understood that drops should be used in the babies' eyes, and that births should be registered. At this time it seemed to be the consensus of opinion of a large percentage of the physicians in the state, that very little could be done with these ignorant midwives and not a few asserted that the work should be "cut out."

As time went on and the various needs became more apparent, it was decided that a public health nurse would be sent to those areas where the groups were largest and the need most apparent, to stay for a period of two months and conduct intensive classes. Accordingly the outline was drawn up which dealt with the fundamentals of midwifery. As the work proceeded the technique of the nurses and the scope of the work developed. The midwives were divided into community groups and organized into clubs, with a leader and secretary, trained to keep on with the midwife club work after the nurse had left the county. If there was a county nursing service, the work was incorporated into the general nursing program which included the continuation of the clubs with the leader, under the guidance of the nurse. If there were no nursing service in the county, the continuance of the club was aided from headquarters.

While it is fully realized that the work with midwives in Mississippi is only begun, and that the task still presents a challenge to county health officers, doctors, public health nurses and registrars who have and must continue to labor with the problem, the following features are outstanding:

The midwives are cleaner in equipment, person, homes and in the care of mothers and babies. They better realize the need to call a doctor for any abnormality. They send patients to doctors for prenatal care. They send patients to doctors for post-natal care. Digital vaginal examinations are being discontinued. Births are more promptly reported. Birth certificates are more accurate. Eye-drops are used. Equipment is cleaner and more uniform. Use of equipment is better understood. Clubs are meeting and studying regularly. Better reports are being sent in by the midwives. Doctors are reporting improvement in the work.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the names and addresses of the authors, though these need not be published.

"MOTHER INDIA"

I AM pleased to observe that the much discussed book, "Mother India," by Katherine Mayo, has been brought to the notice of the readers of the *American Journal of Nursing*. Miss Mayo is, I believe, an American nurse, and it is of interest to learn that Mrs. Naidu, one of the most prominent women in Indian public life, has publicly testified that much of the indictment contained in "Mother India" is true, and that those who have the interests of India at heart should not themselves to reform the abuses. Moreover, an influential Brahman of Madras has publicly announced his conversion to the policy of raising the age of consent, while the Maharaja of Kashmir has just enacted a law prohibiting the marriage of girls under fourteen years and of boys under eighteen. Sir M. F. O'Dwyer states: "So far, however, her book has aroused in India not a recognition of the evils but a passionate repudiation of their existence." . . . The book, on the whole, is unfair to India, but it was written, as Miss Mayo states, "to point the way from evils, and thereby to encourage the Indian peoples themselves, for the initiative must come from them, to devise the remedies, and fit themselves for the place in the civilized world which they claim." The state of affairs in India is not due to British rule or to native agitators. For centuries India's millions have been overwhelmed by religious superstitions, grotesque and obscene, which cause hateful feelings between the various sects, often taking great toll of life in the feuds that arise. Such superstitions are a great hindrance to progress, health and happiness. Women are invariably the champions of social reforms. . . . One can earnestly hope that Miss Mayo's book will do as much for the public welfare of India as the campaigns of Florence Nightingale, Elizabeth Fry, and Josephine Butler achieved for Anglo-Saxondom.

NINA ROBERTSON MACDONALD.

Washington.

THE EFFICIENT NURSE

HOW often we hear the statement: "She is such a good nurse; I wonder where she trained." Although training is necessary, all the training schools in the world will not make a good nurse of one who does not care for the work. Besides the required high-school education, a nurse should possess natural refine-

ment and a cheerful disposition. She should cultivate a quiet and gentle manner that will ever bring a ray of light and comfort to the sick room. Patience, tact and loyalty are also requirements for a nurse. A sick person is very unlike a healthy one; a diseased body often leads to a perverted mind and will power, requiring much kind and patient care. A tactful nurse will usually meet each emergency successfully. "A little learning is a very dangerous thing." An intelligent nurse will not overstep her prerogative and usurp rights that do not belong to her. She should confine herself to the real profession of nursing which will prove her loyalty and retain the confidence of all. Although we may not all climb to heights of distinction, Florence Nightingale's work should be our incentive.

New York.

FLORENCE MORRISON.

FAVORITISM

THE superintendent of my school has what some of us call "pets." She is partial to many of her nurses. She gives part all the nursing; others, none; while I am one of those who get little or none. I stood well in my state examinations, I am a recent graduate, and I am in good standing in our organizations. One nurse who is studying in the winter is given more work in the summer because she is trying to educate herself. I am buying a home and, as I have no other profession, I cannot do it without help from the nursing field. We have no registry here.

A MARRIED NURSE.

(Would not an official registry, managed by nurses, help solve this problem?—Ed.)

HIS LAST THOUGHT FOR OTHERS

DURING the last illness of Ethel Clay, when she was eating crushed ice, she said, "What a beautiful thing ice is, and what a blessing to the sick,—but oh, the poor people in the wards!" Her head was very hot, and she was using an ice cap. Her sister suggested dipping the tips of her fingers in ice water and running them in the partings of her hair, which she did, so that in the end the whole cap was moistened. This was such a wonderful relief to Miss Clay's hot head that she requested that this simple procedure be sent to the *Journal* so that the knowledge might be passed on to nurses everywhere.

THOSE:

S. N. H.

Department of Red Cross Nursing

CLARA D. NOTES, R.N., *Department Editor*

Director, Nursing Service, American Red Cross

THE ANNUAL ROLL CALL

ON November 11, the American Red Cross opens its annual Roll Call for members. The minimum goal has been set at five million. Judge John Barton Payne, the Chairman of the Central Committee, in asking the chapters to reach this goal states: "The increasingly heavy demands upon the Red Cross for disaster relief require a membership of at least five million." While less has been said about the recent disasters which have called upon the Red Cross for assistance, the Mississippi Valley Flood which has existed this year covered almost half of the area of the great flood of last year, with about 100,000 refugees. Rehabilitation has been chiefly in the direction of supplying farmers with seed, feed for cattle, etc. In July, alone, the Red Cross participated in ten relief operations. All nurses who enroll in the Red Cross Nursing Service are required to be general members of the Red Cross. The Roll Call gives them an opportunity to again signify their interest in the general program of the American Red Cross and their willingness to support the organization with which they are so closely affiliated through the Nursing Service. A letter will shortly reach all the committees from the National Chairman, suggesting ways and means by which the nursing population of the country may be reached. In localities where there appear to be no chapters conducting a Roll Call, nurses may send their "dollar" directly to National Headquarters. It will be allocated to the proper locality from which it is sent. As the nurses of the country have always

responded to the call of the Red Cross, we feel sure they will again renew their general enrollment in the Red Cross and by so doing pledge their allegiance to its underlying principle of service to those in need, as well as to its more constructive program of engaging in measures to prevent calamities, such as those caused by pestilence.

TEACHER-TRAINING PROGRAM

THE sixth year of the Teacher-Training Program for Red Cross Instructors in Home Hygiene and Care of the Sick, conducted at the Pennsylvania State College, was completed on August 10. This course, from all accounts, was a most successful one. Lucy Brinkerhoff served again as instructor. The class, which was the largest since the organization of the course, there being thirty-four in attendance, had also the distinction of being the first to be entirely financed by the college.

Mrs. Annie S. Humphrey, who is connected with the instruction work in this course at National Headquarters, spent a week at the college, representing Mrs. Baker, the Director. She met the students collectively in the lecture room for the purpose of discussing records, informational and publicity material, uniforms, etc. Individual conferences with the different members of the class where special problems were discussed also formed an important feature in her relation to the group.

Nurses from eighteen states attended this Summer Session at the Pennsylvania State College. While the majority of these came from the Eastern territory, the Midwestern

area had a fair representation, the Pacific area sending one from Arizona. Among the students were three nursing field representatives.

A similar training program was also held at the Colorado Agricultural College at Fort Collins. Here Elinor Beebe again acted as the instructor. Rena Haig, Assistant Director of Home Hygiene and Care of the Sick, Midwestern Branch Office, represented Mrs. Baker at this college. This course was not completed until August 24. Twenty-six students were in attendance the majority coming from the Midwestern territory, while the Pacific Coast was represented by eight students, California leading with six.

INTERESTING DEVELOPMENT OF THE COURSE IN HOME HYGIENE AND CARE OF THE SICK

SINCE the early days of this course in Home Hygiene and Care of the Sick, when many, especially nurses, were skeptical about its usefulness and anxious lest through its misuse the standards in nursing would be undermined by filling the country with partially trained women who might pose as nurses, progress has been in the direction which the early sponsors of the course prophesied. In the United States, while there are many adult classes held under the auspices of the chapters, the most active and interesting development has been in the schools.

The following statistics, which are taken from questionnaires sent to Home Hygiene instructors during the month of May from the Branch Office of the Red Cross in San Francisco, give a very good idea of the trend in this direction:

65 schools include the course in the curriculum.

48 " finance the work wholly.

11 " finance the work in part.

6 schools are financed by chapter or outside emergency.

28 " require the course.

37 " give an elective course.

43 " give credits as follows:

Schools	Units of Credit
1	5
1	3
9	2
14	1
11	$\frac{1}{2}$
7	$\frac{1}{4}$

A partial list of colleges and schools in the Eastern territory in which Home Hygiene and Care of the Sick is a curriculum subject gives a most illuminating picture of the developments in this particular direction. Those who have been interested in promoting this course have felt that its highest purpose would be served if it could be given to high school girls. The high schools for girls in New York City, where the subject is a required one, and for which the students receive credit, employ a number of highly qualified Red Cross instructors. That over 1,300 Red Cross instructors have been authorized to teach, last year, is the best indication of the widespread interest in this particular Red Cross activity. Because of the increase in the number of classes in schools and colleges, a greater number of teacher-training programs for instructors is desirable.

In addition to those at the Pennsylvania State and Colorado Agricultural Colleges, such training programs are under consideration in other parts of the country.

DEVELOPMENT IN FOREIGN COUNTRIES

IT is interesting to note that the textbook, itself, has been translated into a number of languages—Polish, Czechoslovakian, Korean, partially into Russian, while recently a request has been received for permission to translate it into Greek and also

into Bulgarian, the latter in connection with the insurance work in the Department of Labor. Red Cross nurses connected with foreign mission work are quick to see the value of this course. For example, from Beirut, Syria, Lucy Shawhan writes:

I am starting some new public health work in Syria and would like to put the Home Hygiene course into one or two of the better schools in Beirut. I would like to conduct this course in strict accordance with your requirements. Although not at the present time employed by the Red Cross, can I enroll classes so that we can get certificates at the end of the year? The students are the equivalent of the American high school girls.

The certificates will be presented to them at the graduation exercises, which is quite a function, I assure you. I am hoping that this very thing backed by a year of training will be the very spark from which will some day grow a bigger and better Red Cross for Syria. The girls are keen, intelligent girls and the leaders of tomorrow. You may be interested to know that the honor student of this year was a young Moslem girl who gave her oration with her veil over her face before a mixed audience of over 500 people, and she was not one whit nervous. You may also be interested to know that her subject was "What Are We to Them?" and her main theme was, "Do not unveil the Moslem girl all at once; it is like taking her from a dark room to a bright light. It will dazzle her. Educate her first and lead her out by degrees." Doesn't that sound like a leader of tomorrow?

From Penang, S. S., comes a request from Eva M. Sadler, who is connected with the missionary work in that country. She writes as follows:

I am teaching hygiene in a day school of 500 girls, in addition to my other work. I hope, however, next year to teach special groups the course in Home Hygiene and Care of the Sick. Will you, therefore, send me the textbooks of the American Red Cross, and all particulars concerning the conduct of the classes?

Incidentally, Penang is a small island off the coast of the Malay Peninsula. There is a girls' boarding school where are 84 students ranging in age from four to twenty years; most of them are Chinese and a few are

Tamil. Miss Sadler gives an interesting account of the constructive health work that she is able to do for these students.

Apropos of the request for nurses to teach Home Hygiene to foreign groups and secure certificates, it is not the policy of the Red Cross to issue American Red Cross certificates to students who are citizens of other countries. This policy has been established in order to prevent interference with similar courses which may be developed under National Red Cross Societies of other countries. For example—in Beirut there is a small French Red Cross organization. The American Red Cross, however, is always glad to supply information as to the conduct of its course and provide teaching material to American Red Cross nurses who may wish to establish classes in connection with their work wherever they may be.

From far away Korea, a Sister of a religious order who is an American Red Cross nurse, and also an authorized instructor in Home Hygiene and Care of the Sick, gives an interesting account of her work. Speaking of malaria she states:

The members of our little community of fourteen have each in turn had an attack. Consequently we have deferred all language study and all other duties that can be dispensed with until the first of September. Of course, dispensary work goes on every afternoon, the sick must be taken care of, for they come to our door and wait, and we just cannot send them away. We are getting four new Sisters this fall, two of them will join our household. I plan to give them the Home Hygiene Course after they arrive.

THE RED CROSS FIRST AID COURSE IN SCHOOLS OF NURSING

A RATHER interesting development in connection with the First Aid work of the American Red Cross has been the introduction of its course to student nurses. It was Adda

Eldredge who suggested that St. Luke's Hospital School of Nursing in Chicago ask the Red Cross to give its student nurses their regulation First Aid Course, some years ago. This established the custom. The Grant Hospital of Columbus, Ohio, has recently completed the standard First Aid Course for fifty student nurses. Other hospital schools are also recognizing the value of this course for their students. Even though a nurse may be well grounded in the care of surgical patients, or those suffering from the effects of accident, she may have had little or no chance to deal with acute emergencies. The American Red Cross Course has been carefully developed, after many years of experience; it emphasizes the best and simplest methods to use in accident emergencies, while waiting for the doctor to come. It also teaches the utilization of materials at hand, as usually medical supplies are not within reach. Student nurses surrounded by hospital equipment, with doctors easily accessible, have no opportunity for the development of individual initiative or the substitution of materials. As more is naturally expected of nurses

under such circumstances, it would indeed be inexcusable if one stood helplessly about when an accident occurred.

ENROLLMENTS ANNULLED

THE enrollments of the following American Red Cross nurses have been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters, and their return is requested when enrollment is annulled: Mrs. B. F. Brown, *née* Mattie Leigh Smith; Mrs. E. Burgess, *née* Susan Nora Foster; Mrs. Winifred E. Burns, *née* Fraser; Jacqueline Cambias; Mrs. Susan C. Campbell, *née* Susan Crump Fennell; Mrs. J. A. Chapman, *née* Fannie Louise Jordan; Mrs. Ida M. Daffinger, *née* Ida Margaret Fisher; Mrs. H. W. Dunham, *née* Bertha F. Schoenacher; Mrs. Mary Edith Fuller, *née* Mary Edith Spickman; Mrs. Alma Caroline Fisher, *née* Alma C. Anderson; Bessie Norcross Portenberry; Anna Frances Monica Gares; Ida Mae Godfrey; Mrs. W. E. Greenwood, *née* Martha Jean McCall; Mrs. Alice M. Hall, *née* Mrs. Alice May Yello; Mary M. Henshman; Mrs. Varina D. Harper, *née* Varina Doll Rogers; Mrs. Claude Hathorn, *née* Jennie W. Kendall; Mrs. Roy Henserman, *née* Bessie Britt; Victoria Florence Jennie Hayward; Stella M. Healy; Edith Beatrice Hume; Mrs. Harvey James, *née* Owenell M. Knorrie; Mrs. Margaret F. James; Mrs. William J. Kenech, *née* Eva Buford Bowden.



CLARA D. NOYES, Director of Red Cross Nursing Service, wires: "Latest reports from Virgin Islands, Porto Rico, and Florida indicate disastrous situation; very grave, with much suffering and urgent need of immediate emergency relief, followed by some later rehabilitation. Red Cross taking charge of relief work at request of President Coolidge. Need for very large relief fund to cover both West Indies and Florida. Urge you do everything possible to stimulate campaign for funds in your city."

Student Nurses' Page

The Tale of Two Dairies

BY WILMA ENGEL

St. Luke's Hospital School of Nursing, St. Paul, Minnesota

Drawing by Mildred E. Turbak

ONE of the projects of the sanitation class in our school is the tour of a creamery. During this tour, we students learn many concrete object lessons in modern creamery sanitation as compared with the old-fashioned type. We call to mind the

at the time of our visit, stands at the foot of a hill in a midwestern state. The cows that call this home are coming from the meadow to be milked. There is no door to the dairy barn, so the cows tramp in through mud and manure to find their stalls and evening



many uses of dairy products, especially in building the dietary of a sick person, and we marvel at the great improvement which has taken place in the preparation of these foods. This thought leads to the tale of two dairies.

One dairy, if it may be called a dairy

meal. The milkers get their stools, pails, spit in their hands and start milking. The cats try to climb up and lap some milk, but fail. However, the flies do get in, and are soon floating about in the fresh milk. Cobwebs, straw, hay, feed, dirt from the cows'

bodies, and dirt from the milkers' clothes easily find their way into the open pails. The milk is warm and at just the right temperature for rapid multiplication of bacteria. There is no ventilation, lighting system, or running water in this dairy, thereby causing much discomfort and inconvenience. The milk is carried to the house, a supply taken for the daily use of the household, and the rest separated in the warm kitchen. The cream is taken into the dark, damp cellar.

After enough cream has accumulated, and has soured, the housewife brings it up to the kitchen and puts it in the wooden churn. Sitting beside it, she churns a good part of the afternoon, looking in frequently to let out the gas and see what progress is being made. When the butter has "come" she removes it with a ladle, mixes or works it for about ten minutes, adds salt, and places it in the cellar. A little later she works it again, and puts it in five-pound jars to be taken to market. The butter does not get to market, however, for two or three days, so the cellar gives the butter an unpleasant and musty taste. The housewife cleans the milk utensils with a cloth and warm water, and lets them stand in the warm kitchen until time for further use.

Near the barn we see a small box-shaped building and, going to investigate, find that it is the ice house. The ice was gathered from the unclean pond below the barn and is packed in sawdust. The ice is unclean and the ice house insanitary. The ice, intended to keep the milk and butter cold, is never worth the hard work taken to carry it into the icehouse.

The other dairy is also in a mid-western state, but the time is a year or two later. The thrifty, clean appearance of the place in general impresses the observer. The appearance

of the dairy is the dairyman's big advertisement for his products—milk, buttermilk, and cream, while butter, cheese and ice cream are made in the modern creamery near-by. Inside the barn, cleanliness is the first and last word. Not a fly in the place! The barn is equipped with a good ventilating system, running water and is clean. The floor and walls are clean. The milk is separated in the milk house, the cream is cooled immediately in a refrigerator and is taken to the modern creamery the same day. The milking utensils are rinsed in cold water, in boiling water, again in cold water, and are set out in the sun to receive a natural sterilization.

The cows are tuberculin-tested every month. Their daily ration is carefully measured. The milk is weighed daily so that each cow will come up to the standard. The cream is tested for butter fat.

In the creamery which we visited, standard methods are used for every procedure. The equipment is inspected regularly, all machinery is driven by electric power. An ammonia ice plant is a feature of the equipment.

The sweet, cold cream from the clean dairies is pasteurized and churned by modern methods. The butter is packed in wooden tubs for Eastern shipment, into slabs for restaurant use, and into packages for home use, under strictly regulated temperature. For ice cream, the cream is pasteurized, tested in the laboratory, and kept strictly sterile.

The finished products of this good dairy and of this creamery are easily available to anyone. The work is done more cheaply, more easily, and in a more cleanly manner than it could be done at home. From which dairy and creamery do you wish the butter, cream and ice cream used for your patients and yourself to come?

NEWS

[When items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month, preceding publication, to the American Journal of Nursing, 370 Seventh Avenue, New York.]

American Nurses' Association



As a result of spring and summer work at Headquarters, three new publications are being prepared of particular interest to members of the American Nurses' Association. "The Digest of Laws of the States Requiring Registration for Nurses and Attendants" has undergone its 1928 revision and the A. N. A. once more is indebted to Mrs. Lucile McCarthy for this arduous task and to the Wisconsin Legislative Reference Library for its generosity in making it possible.

"A List of Schools of Nursing Accredited by the State Boards of Nurse Examiners" is nearing the completion of its biennial revision and will be on sale after October 15, which is the date set also for the publication of the "Proceedings of the Twenty-sixth Convention of the American Nurses' Association."

These publications are all obtainable at A. N. A. Headquarters, 370 Seventh Avenue, New York City, as are also a number of new and valuable reprints, among the latter being the following papers presented at the recent convention: "The American Nurses' Association Today," S. Lillian Clayton; "Tuberculosis among Young Women," Jeannine S. Whitney, and "Tuberculous Hypernephritis and Tuberculous Disease among Nurses," Drs. Sidney J. Shipman and Elizabeth A. Davis (in one reprint); "What the Registry Means to the Private Duty Nurse," Emma L. Collins; "What Well-organized Floor Duty Offers to the Private Duty Nurse," Frances Courtney.

The price of the "Digest of Laws" is 50 cents; of the "Accredited Schools," \$1.50; of "Convention Proceedings," 75 cents. Reprints vary in price from 10 cents to 25 cents.

OCTOBER, 1928

Nurses' Relief Fund

REPORT FOR AUGUST, 1928

Receipts

Interest on bank balance	\$10 00
Interest on investments	45 00
Refund of contribution previously acknowledged but not honored by bank	17 00
Refund of protest fee	3 12

\$75 21

Contributions

Connecticut: Meriden Hospital Alumnae Assn., \$10; Stamford Hospital Alumnae Assn., \$10; W. W. Backus Hospital Alumnae Assn., \$10; Griffin Hospital Alumnae Assn., \$10; St. Vincent's Hospital Alumnae Assn., \$5; Individual contribution, \$15.50	66 50
Louisiana: E. S. M. Hospital Alumnae Assn., Bogalusa	5 00
Massachusetts: Individual contributions	8 00
Minnesota: District 3, Fairview Hospital Alumnae Assn., \$10; Denmark Hospital Alumnae Assn., \$11; Hillcrest Hospital Alumnae Assn., \$20; Northwestern Hospital Alumnae Assn., \$5; Minneapolis General Hospital Alumnae Assn., \$1; St. Luke's Hospital Alumnae Assn., Duluth, \$7	72 00
Montana: District 2, Butte	84 00
Nebraska: District 2, Omaha, individual contribution	29 00
New Hampshire: Portsmouth Hospital Alumnae Assn.	6 00
New Jersey: District 2, individual contribution	5 00
New York: District 6, Bloomingdale State Hospital, \$21; District 9, Albany Hospital Alumnae Assn., \$54; Cohoes Hospital Alumnae Assn., \$23; Hudson Hospital Alumnae Assn., \$61.25; Leonard Hospital Alumnae Assn., \$19; Saratoga Hospital Alumnae Assn., \$70; St. Peter's Hospital Alumnae Assn., \$20; Troy Hospital Alumnae Assn., \$24; Individual members, \$10	300 25
Tennessee: District 1	234 00
Washington: District 10, Longview	6 00

Total receipts \$980 96

Disbursements

Paid to 210 applicants	\$2,927 00
Salaries	237 53
Custodian fee, six months	63 00
Postage	25 00
Printing, multigraphing	16 25

\$3,267 78

EXCESS OF DISBURSEMENTS OVER RECEIPTS
for month ending August 31, 1928 ... \$2,376 82

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the state chairman. She, in turn, will mail the checks to the

1053

American Nurses' Association, 370 Seventh Avenue, New York. If the address of the state chairman is not known, then mail the checks direct to the Headquarters Office of the American Nurses' Association at the address given above. For application blanks for beneficiaries, apply to your own chapters or district association, or to your state chairman. For leaflets and other information address the state chairman or the Director of the American Nurses' Association Headquarters.



The Isabel Hampton Robb Memorial Fund

REPORT TO SEPTEMBER 13, 1928

No contributions received and no disbursements recorded.

The McIsaac Loan Fund

REPORT TO SEPTEMBER 13, 1928

Balance, August 13	\$1,079.08
Interest	1.48
Contributions, none	

Total \$1,080.56

Disbursements

Loans made:	
Three of \$200 each	\$600
One of \$100	100
	700.00

Balance, September 13 \$380.56

MARY M. RIDDLE, Treasurer.

Contributions to both funds are solicited from associations and from individuals. Checks should be made out separately and sent to Mary M. Riddle, Treasurer, care American Journal of Nursing, 370 Seventh Ave., New York.



Army Nurse Corps

During the month of August, 1928, members of the Army Nurse Corps were transferred to stations indicated: To Station Hospital, Fort Eustis, Va., 2nd Lieut. Sara E. Scottsgard; to Station Hospital, Fort Monroe, Va., 2nd Lieut. Dorothy Neal; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieut. Hannah A. Johnston; to Station Hospital, Fort Totten, New York, 2nd Lieut. Sara Jane Early; to Walter Reed General Hospital, Washington, D. C., 1st Lieut. Mary M. Brundage, 2nd Lieut. Martha F. Stewart; to Station Hospital, Fort Leonard Wood, 2nd Lieut. Alice M. Young.

Nine have been admitted to the Corps as 2nd Lieuts.

The following named previously reported separated from the Corps, have been redesignated as 2nd Lieuts.: Gertrude MacLean to Fitzsimons General Hospital, Denver, Colo.; Sarah Hawkins to Walter Reed General Hospital, Washington, D. C.

The following named are under orders for separation from the Corps: Marie C. Burman, Edna C. Dermody, Grace A. Dermody, Meta S. Dethman, Groves Dunlap, Elsie M. Field, Jewel M. Gray, Hilda M. Hahn, Mattie R. Idol, Myrtle O. Jarrett, Bonnie V. Lathrop, Bonnie Lamon, Kean Moore, Adella P. Novak, Jimmie Ray, Claudia E. Ryker, Charlotte F. Willett.

JULIA C. STINSON,
Major, Army Nurse Corps,
Superintendent.



Navy Nurse Corps

REPORT FOR AUGUST

Assignments: Seven.

Transfers: To Boston, Mass., Mary B. Gains, Chief Nurse; to Cananea, P. I., Bonnie C. Graham; to Great Lakes, Ill., Pearl T. Hull; to Longue Island, Pa., Lillian M. Adams, Anna I. Cole, Chief Nurse; to New York, N. Y., Daisy Slater, Ada L. Wood, Roberta M. Page, Myrtle I. Carver; to Norfolk, Va., Lovetta Lambert, Chief Nurse, Katherine E. Greer; to Parris Island, S. C., Ethel M. Ashby; to Portsmouth, N. H., Mary L. Denner; to Puget Sound, Wash., Helen I. White; to San Diego, Calif., Gladys C. Martin; to Tutuila, Samoa, Margaret W. Barnes; to U. S. S. Relief, Carolyn Beerman.

Separated from the service: Clara E. Petal, Hazel Sherman Wilson, Dorothy E. Lide, Anna Mae Thomas, Julia M. Bowman, Frances G. Stark, Mary Leffebourer, Helen M. Sprull, Clara Donovan, Mary T. Hudson.

J. BEATRICE BOWMAN,
Supt., Navy Nurse Corps.



U. S. Public Health Service

REVIEW FOR AUGUST

Transfers: To Chicago, Ill., Mary Lagan; to Buffalo, N. Y., Ellen Erickson; to Ellis Island, N. Y., Lovetta Mehan; to Fort Stanton, N. M., Katherine Kellmeyer, Helen Higgins; to St. Louis, Margaret Brown; to New Orleans, Mary Haddip; to Stapleton, N. Y., Annie

Ollingo; to Quarantine Station, Roubank, N. Y., Eliza Burns.

Reassignments: Emmaline Barnes, Remo Sabetti, Lucy Lee Young, Florence Donoghue, Emma Nicholas Crawford, Anna Samuelsen Fitzsimons, Marie Lashack.

New assignments: Eight.

LOUI MINNICHONDE,
Supt. of Nurses, U. S. P. H. S.



U. S. Veterans' Bureau

REPORT OF NURSING SERVICE FOR AUGUST

New assignments: Twenty-seven.

Transfers: To Bedford, Mass., Margaret MacIvor, Chief Nurse, Emma Austin, Winifred Blake, Katherine Bushley, Nora Burke, Frances Burnside, Thomas Dower, Elizabeth Glendon, Annie Grimes, Anna Kelscher, Belle Lombard, Mary MacFarlane, Jennie Mason, Helen Power, Bonnie Rapier, Mary L. Varney, Lillian White; to Palo Alto, Calif., Lorna Polley, Nettie Hoyer; to Perry Point, Md., Alice German, Mary McGrath; to Jefferson Barracks, Mo., Julia Smith; to Portland, Oregon, Catherine Faucher; to Maywood, Ill., Jennie Robertson; to Waukegan, Wis., Margaret Beach; to Fort Lyon, Colo., Mary McAuliffe; to Sheridan, Wyo., Lucile Fensley.

Reassignments: Elida Chaffin, Ethel Horton, Grace Kratzer Fairman, Ruth Cottrell, Francis Rogers, Mary L. Walker.

MARY A. HICKEY,
Supt. of Nurses, U. S. V. B.



American College of Surgeons

The American College of Surgeons will hold its eighteenth Clinical Congress in Boston, October 8-12, with headquarters at the Copley-Plaza Hotel. Some of the papers and discussions of special interest to nurses will be: October 8, 10 a. m., Hospital Conference, Presentation of Annual Report on Standardization, M. T. MacEachern, M.D.; "Health Inventories in Approved Hospitals," Franklin H. Martin, M.D.; "Nurses, Patients and Pathology," May Ayres Burgen, with discussion by William Duvess, M.D., and Mary M. Roberts. 2 p. m., "What Is the Role of the Hospital Administrator?" F. E. Chapman. October 9, 9:30 a. m., "The Educational and Economic Value of the Outpatient Department in a General Hospital," James Hughson Miller, M.D. 9:30 p. m., "Problems Involved in the Professional Care

of the Patient," Lewis A. Sexton, M.D.; "Measuring the Professional Efficiency of the Hospital," Joseph C. Doane, M.D.; "Responsibility of Hospital Trustees for the Professional Care of the Patient," Joseph J. Weber; "Appraisal of Nursing Service," Miriam Curtis. October 10, 2 p. m., "Should All Student Nurses Receive Experience in the Eye, Ear, Nose and Throat Department? If So, to What Extent?" Grace E. Allison; "In the Absence of the Attending Doctor and When There Is No Intern or Resident, What Emergency Measures Can the Hospital Personnel Carry Out in Case of Hemorrhage or Other Accidents?" John O. McReynolds, M.D. 2 p. m., "The Small Hospital and Hospital Standardization," Paul Feiler



American Public Health Association

The annual meeting of the American Public Health Association will be held at the Stevens Hotel, Chicago, October 15-19, jointly with the American Child Health Association and the American Social Hygiene Association. Among the outstanding women speakers for the convention are Ann Dickie Boyd, supervisor of nurses in the public schools of Denver, Colorado; Blanche Haines, director of maternal and infant hygiene in the United States Children's Bureau, and Lillian Smith, of the Michigan State Department of Health. All sections of the convention will be open to any delegates or visitors who care to attend them.



Institutes and Special Courses

Kansas: The LEAGUE OF NURSING EDUCATION will conduct an institute, following the state meeting, October 12 and 13, at Topeka. (An outline of the program will be found in the September Journal.)

Illinois: Chicago.—DePaul University conducted a summer course for Sisters, twenty-two of whom were in attendance, coming from many sections of the country. The principal subjects of instruction were: Principles of Teaching, Psychology, Hygiene, and Administration in Schools of Nursing, the latter subject being taught by Miss Kennedy.

Missouri: The MISSOURI LEAGUE OF NURSING EDUCATION will conduct an institute, October 22-27, following the state meeting in Springfield. Subjects to be considered are:

"Public Health Courses for Student Nurses," Emille G. Robson; "Nursing in Rural Communities," Mary Stebbins; "Principles of Supervision," five lectures, Carolyn E. Gray; "Psychiatric Nursing," May Kennedy, six lectures; "Mental Tests and Measurements," Jessie Davis; practical demonstrations; "The Need of Psychology in the Curriculum," Irene Svensson.



State Boards of Examiners

Alabama: THE NURSES' BOARD OF EXAMINATION AND REGISTRATION OF ALABAMA will hold examinations in Birmingham, October 23-24; in Montgomery, October 24-25; in Mobile, October 26-27, beginning at 9 a. m. Applications must be filed with the Secretary, Linna H. Denny, 1320 North 25 St., Birmingham, before October 9.

Georgia: THE STATE BOARD OF EXAMINERS OF NURSES FOR GEORGIA will hold examinations November 1-2, in Atlanta, Augusta, Macon and Savannah, providing a sufficient number of applications are received to warrant the holding of examinations in each of these cities. Graduates should make prompt application to the Secretary, Jane Van De Vrede, 105 Forrest Ave. N. E., Atlanta.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold an examination for state registration of graduate nurses in Louisville, at the City Hospital Nurses' Home, November 20-21. For further information write to Flora E. Kern, Secretary, Thierman Apt. C-4, Louisville.

Maine: THE STATE OF MAINE BOARD OF NURSE EXAMINERS will hold an examination for applicants for registration, the third Wednesday and Thursday in October, beginning at 9 a. m., at the State House, Augusta. Applications should be filed with the Secretary, Thomas R. Anderson, Box 326, Bangor, fifteen days previous to date of examination. No applications received after that time will be approved by the Board.

New Hampshire: The president of the Examining Board is Marion Garland, Laconia.

New Jersey: THE NEW JERSEY STATE BOARD OF EXAMINERS OF NURSES will hold a two-day examination for registered nurse certificate in Trenton, November 23 and 24. Applications should be filed not later than November 9 with the Secretary-treasurer, Mrs. Agnes Keane Fraustel, 43 Bleeker St., Newark.

North Carolina: THE NORTH CAROLINA BOARD OF NURSE EXAMINERS will give examinations in Raleigh, at the House of Representatives, November 1-3. Application forms may be procured from the Secretary, Mrs. E. V. Conyon, Greensboro. All applications must be filed by October 20.

North Dakota: THE NORTH DAKOTA STATE BOARD OF EXAMINERS will hold its next examination in Grand Forks, October 29 and 30. Mildred Clark, Secretary, Devils Lake.

Rhode Island: THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for state registration on Thursday and Friday, November 8 and 9, at 9 a. m., at the Rhode Island College of Education. For further information and application blanks, address Evelyn C. Mulvaney, Secretary-treasurer, St. Joseph's Hospital, Providence.

Texas: THE BOARD OF NURSE EXAMINERS FOR THE STATE OF TEXAS will hold semi-annual examinations on October 26 and 27, at the following places: Dallas, San Antonio, Temple, El Paso, Houston, Fort Worth and Amarillo. For further information apply to the Secretary of the Board, 1305 Amicable Building, Waco. The personnel of the Texas Board at this time is: President, Mrs. Elvoren Marsh, San Antonio; secretary, Mary Grigby, Waco; Ruby Bushan, Temple; Mrs. Grace Engblad, Houston; Lena Thomas, Greenville. The new educational secretary of the Board of Nurse Examiners is Julia V. Kammeler.

West Virginia: State examination for registered nurses will be held October 22, at the New Charleston General Hospital, Charleston, and the Ohio Valley General Hospital, Wheeling. Mrs. Andrew Wilson, Secretary, 1300 Byron St., Wheeling.



State Associations

Alabama: THE ALABAMA STATE ASSOCIATION will meet in Edmunda, October 4-6.

Arkansas: THE ARKANSAS STATE NURSES' ASSOCIATION will hold its sixteenth annual meeting, October 29 and 30, in Hot Springs National Park. The State Public Health Nurses' Organization will meet the following day, October 31. All nurses are invited and urged to attend.

California: The headquarters of the STATE NURSES' ASSOCIATION and the editorial office of the *Pacific Coast Journal of Nursing* have

been moved to the Western Women's Club Building, 609 Sutter Street, San Francisco. This places the headquarters in position to coordinate with the activities of women's organizations centering in this building and given a setting that will accord with its plans for future development. Although the mechanics of the work of the Association will be carried on in San Francisco, the development will come through the twenty-four districts now fully organized in the State. California is in a strategic position in relation to the Orient, Australia, New Zealand and the Pacific United States possessions, San Francisco and Los Angeles being the ports of entry of not only nurses but of people who are interested in nursing and nursing education. A cordial welcome is always found at the California nurses' headquarters.

Connecticut: The semi-annual meeting of the GRADUATE NURSES' ASSOCIATION will be held in New London, October 10.

Florida: The STATE ASSOCIATION will hold its annual meeting in Tampa, November 1-3. Mrs. Julia W. Kline, President of the Association, has been appointed public health nurse for the Lee County Welfare Federation, Fort Myers.

Georgia: The GEORGIA STATE NURSES' ASSOCIATION has added another district organization in the new Seventh District, formed, September 5, with headquarters in Rome. Congressional boundary lines apply, the counties in this district including Dade, Walker, Catoosa, Whitfield, Murray, Chattooga, Gordon, Floyd, Bartow, Polk, Paulding, Cobb and Haralson. A new alumnae association, in connection with Hamilton Memorial Hospital, Dalton, was organized September 6, and members will be identified with the new Seventh District. Other alumnae associations in this district are Harbin Hospital and McCall Hospital, at Rome, and the Hall-Charleston Hospital at Cedartown.

The GEORGIA STATE NURSES' ASSOCIATION will hold its twenty-second annual convention in Columbus, November 8-10, with headquarters at the Raleigh Hotel.

Illinois: The ILLINOIS STATE ASSOCIATION will meet in Joliet, October 18-20, with headquarters at the Chamber of Commerce. (For the program, see the September Journal.)

Indiana: The annual meeting of the INDIANA LEAGUE OF NURSING EDUCATION and the INDIANA STATE NURSES' ASSOCIATION is to be held October 11, 12 and 13, with headquarters

at Lincoln Hotel, Indianapolis. October 11, Indiana League of Nursing Education. Morning, business and reports. Afternoon "Weaknesses in Our Schools of Nursing." Addie Eldredge, Madison, Wis.; "Importance of Careful Selection of Nursing Students," Mrs. Ethel P. Clarke. October 12, Morning, Business and reports. 10.30, Private Duty Section, business and reports of central directories. Afternoon, Address by Janet M. Geister, American Nurses' Association. 4 p. m., Meeting of state and local Red Cross committees. Evening, Banquet. October 13, Public Health Section, Eva F. MacDougall presiding—"Activities of the State Department of Public Health Nursing," Miss MacDougall; "A County Public Health Nursing Program," Gladys Badger; "The Nurse's Part in the Social Program," John A. Brown. Afternoon, "Staff Education for Municipal Nursing Service," Grace Ross, Detroit; "Food Fads and Fancies," Thurman Brooks Rice, M.D. Entertainments will be a tea on Thursday afternoon and a tea-ball on Friday afternoon.

Iowa: The IOWA STATE ASSOCIATION will hold its annual meeting in Council Bluffs, October 17-19.

Kansas: The KANSAS STATE ASSOCIATION will hold its annual meeting in Topeka, October 10-11, with headquarters at the Hotel Jayhawk. A two-day institute will follow the convention. (An outline of the program will be found in the September Journal.)

Louisiana: The LOUISIANA STATE NURSES' ASSOCIATION will hold its annual meeting at the Roosevelt Hotel, New Orleans, October 23-24. Janet M. Geister of the American Nurses' Association will be present.

Minnesota: The three STATE NURSING ORGANIZATIONS will hold their annual meetings at the Ryan Hotel, St. Paul, November 6-8, with the following program: November 6, Afternoon, Advisory Council; evening, dinner meeting of the Board of Directors. November 7, Demonstrations (1) at the Confidential Exchange, State Capitol; (2) at the Children's Hospital. 10-12, Closed round tables of the Public Health Organization: (1) Supervision, Jean Taylor presiding; (2) Industrial Nursing, Helde Harrison presiding; (3) Staff Nurses, Hattie Call presiding. 10-12, Round tables of the League: (1) Supervisors and Head Nurses, Deborah McLurg presiding; (2) Instructors, Leah Saunders presiding; (3) Students, Anna Peterson presiding. 9-11,

Private Duty Nurses' Section, Anna Stein, Chairman. 11.30, Illustrated lecture on Navy Nursing by Anna G. Davis. 12.15, Red Cross Luncheon, Anna E. Gladwin presiding. 2, Business meeting of the State Association. 8, Joint Session, Caroline Rankin presiding. Address of welcome, Hon. Theodore Christensen; responses, Mary E. Gladwin, Eda Butcher, Caroline Rankin; addresses by Henry Schoenmaker, Dr. Henry Suzzalo. November 8, Demonstrations, as on the previous day. 9-12, Private Duty Section at the Ancker Hospital: "Special Diet," Winifred Howard; "Contagious Disease Nursing Technique," Bessie Telford. 9-11, Closed round tables, S. O. P. H. N., Citizen's Aid Building, Minneapolis: (1) City School Nursing, Cora Halgerson presiding; (2) Town School Nursing, Melville Palmer presiding; (3) Rural School Nursing, Alma Wrothing presiding. 9-11, Lay members, Eva Anderson Friedman presiding. 9-11, League Round Tables: (1) Superintendents and Superintendents of Nurses, (2) Operating Room Supervisors and Anesthetists. 11, Business Meeting of League. 12, Joint Luncheon, S. O. P. H. N. and Minnesota Public Health Association, Miss Grant, speaker, in the Citizen's Aid Building, Minneapolis. 2 p. m., Joint Session, Lella Halverson presiding. Report of Grading Committee, Sister M. Domitilla; addresses by S. Lillian Clayton, President American Nurses' Association, and Dr. Louis B. Wilson. 7.30, Annual Banquet, Ryan Hotel. Amelia Grant, Director, Public Health Nursing, New York City Board of Health, speaker. 9.30, Ball, Minnesota Public Health Association, Nicollet Hotel, Minneapolis. November 9 (9-10), Demonstrations: The Electrocardiograph, Miller Hospital; Bessie Metabellum, St. Joseph's Hospital. Joint Meeting all State Nurses' Associations with Minnesota Public Health Association, Minnesota Education Association, and Minnesota Association of Sanitary Officers, Minneapolis; addresses by Doctors Maroni and Rogers. 10.30, Sectional meetings: (1) Demonstration of Physical Education, (2) Vision Testing, Mildred Smith, New York; address, Amelia Grant, New York. 12, S. O. P. H. N. Luncheon, Ryan Hotel: Reports of Round tables; an address by Miss Grant. 1 p. m., Business Meeting, State Organization for Public Health Nursing. 2.30, Closing Business Meeting, State Association, Caroline M. Rankin, President, presiding.

Mississippi: The MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES will hold its sixteenth annual meeting in Meridian, Octo-

ber 26-28, beginning with a meeting of the Board of Directors on the evening of the 26th. October 27, Morning, business session. Afternoon, Hospital and Training School Section with papers on "Training-school Methods," Sarah King; "A Plan for the Support of the Grading Committee," Mrs. Katherine White-Spencer. Evening, Open meeting, Hettie Elmy presiding. Invention, Dr. A. A. Little; Welcome, Dr. I. W. Cooper; Response, Mrs. Jessie Quinn Cameron; Address of President, Mary Byrd Lynch; "Aims and Activities of the Grading Committee," Beatrice Short. October 28, Public Health Section, Abbie G. Hall presiding. "Public Health Nursing in the Flooded Area," I. Melinda Harvey; "County Health Department," Felix J. Underwood, M.D. Afternoon, Private Duty Section, Rose Keating presiding. "Why I Am Glad I Am a Nurse," Dencie Bruegger; "The Private Duty Nurse," Valrie Welch.

Missouri: The MISSOURI STATE NURSES' CONVENTION will be held October 22-24 at Springfield, with headquarters at the Kentwood Arms Hotel. The program includes talks by Janet M. Gister of the American Nurses' Association, Anna G. Davis of the Navy Nurse Corps, Mary Board of the Rockefeller Foundation and by Carolyn Gray on the findings of the Grading Committee. (An institute follows.)

Nebraska: The NEBRASKA STATE NURSES' ASSOCIATION will hold its annual meeting in Omaha, October 18-20. (Note the change of dates from those previously announced.)

New Jersey: The semi-annual meeting of the NEW JERSEY STATE NURSES' ASSOCIATION, and the fall meetings of the New Jersey League of Nursing Education and the New Jersey Organization for Public Health Nursing will be held on Friday and Saturday, November 2 and 3, at Bridgton, N. J.

New York: Mrs. Genevieve Clifford, President of the New York State Nurses' Association, has resigned the position of Superintendent of the Rhine Memorial Hospital, which she has held for seven years, to accept appointment as Superintendent of the new Syracuse Hospital for Communicable Diseases, Syracuse. Her departure from her post in Rhine is much regretted, as she has done notable work for the hospital and the school.

One thousand delegates are expected to attend the annual convention of the three New York Nurses' Associations which will be held in Brooklyn, October 26 to 28 with headquarters at the Lorch Tower Hotel. The

State Association will hold its opening session on the morning of October 23, at the Leverich Towers Hotel, and the New York League of Nursing Education and the New York State Organization for Public Health Nursing will convene on the afternoon of the same day at the Hotel St. George. A report of the Grading Committee will be made by Carrie M. Hall, of Boston, at the opening session of the New York State Nurses' Association; Dr. May Ayres Burgess will speak on the "Study of Supply and Demand." At the opening session of the New York League of Nursing Education, at which Helen Wood will preside, Blanche Edwards will speak on "Some Methods of Teaching and Supervision." Ellen Beall will speak on "Some Methods of Teaching and Supervision in the Public Health Field." Two round tables will be held on the first afternoon, one for principals of nursing schools on State Board requirements over which Harriet Bailey, Secretary of the State Board of Nurse Examiners, will preside, and the other for directors of public health nursing over which Mrs. Anne L. Hansen, President of the National Organization for Public Health Nursing, will preside. The address of welcome at the general session on the opening night at the Leverich Towers Hotel will be given by George McLoughlin, President of the Brooklyn Chamber of Commerce. Nina D. Gage, President of the International Council of Nurses, will extend greetings from the Council. Dr. Joseph C. Deane, of Philadelphia, will give an address, and speakers will include Mrs. Henry A. Ingraham and Mrs. James M. Hill.

Separate business sessions will be held by the three nursing organizations on the second day; Helen Young will give a report of the Louisville Convention at the meeting of the League. After these sessions the delegates will visit Coney Island and Prospect Park, be guests at tea at Fort Hall, the new residence for business and professional women of the Young Women's Christian Association of Brooklyn, and at night attend a general banquet at the Leverich Towers Hotel.

On October 25, Mrs. Genevieve M. Clifford will preside at a joint session in the morning and Agnes Martin at the closing general session in the afternoon. The following topics will be discussed at the morning session: "What the Registry Office the Private Duty Nurse," Emma Collins, Registrar of District No. 14; "Meeting the Need of the Small and Rural Hospital," by Alma Haupt of the Commonwealth Fund, and "Hourly Nursing," by Ella F. Stambert. In the afternoon, Cordelia Cowan and Gladys Adams will speak

on "Staff Education for Institutional and Public Health Nurses"; Emily Hicks of Utica will give an "Appraisal of Nursing Service from a Small Hospital's Point of View," and Elan Schmidt will speak about "Extra-curricular Activities in Nursing Education." An interesting series of luncheons will be held. These will include a luncheon for industrial nurses at the Brooklyn Chamber of Commerce on the opening day, with Mary Dowling as Chairman; three luncheons on Wednesday, the second day, one for student nurses on the topic, "Health," with Isabel M. Johnson, Chairman; a publicity luncheon and a Red Cross luncheon, with V. McCormick and Mrs. Charlotte Heilman, the respective chairmen, and two luncheons on the closing day, one for directors of hospitals and other lay persons interested in the provisions for nursing and nursing education, and the other for school nurses, with Marie Swanson, Chairman. Other entertainment features will include a tea on the opening day at the Methodist Episcopal Hospital, and a visit to the Naval Hospital on the second day. A motion picture will be shown and tea will be served. A trip to Ellis Island and a night-seeing ride through New York City have been arranged for student nurses.

North Carolina: The NORTH CAROLINA STATE ASSOCIATION will hold its annual meeting at Durham, October 23-25, preceded by a meeting of the Advisory Council on the 22nd.

North Dakota: The NORTH DAKOTA STATE NURSES' ASSOCIATION will hold its annual meeting in Grand Forks, October 31-November 1.

Oklahoma: The OKLAHOMA STATE ASSOCIATION will hold its convention in Clinton, October 24-26.

Pennsylvania: The STATE ORGANIZATIONS OF PENNSYLVANIA will hold their joint convention in Allentown, October 22-27, with headquarters at the Penn Alto Hotel. (For an outline of the program, see the September Journal.)

Tennessee: The TENNESSEE STATE ASSOCIATION will hold its annual meeting at the Peabody Hotel, Memphis, October 8-9.

Wisconsin: The WISCONSIN STATE NURSES' ASSOCIATION will hold its annual meeting in Kenosha at the Jewish Community House, October 8-10. October 8, Board of Directors' breakfast; meeting of State Association with business and reports. Noon, Luncheon, Cornelia Van Kony, speaker. Afternoon,

Private Duty Section. October 9, Advisory Council breakfast; meetings of the State League. Afternoon, speaker, A. C. Shong. Noon luncheons: (1) Nurses' Relief Fund, (2) Revision Committee, (3) Red Cross, (4) League. Evening, Banquet. October 10, Morning, State Association. Afternoon, State Organization for Public Health Nursing. Mrs. C.-E. A. Winslow, speaker.



District and Alumnae News

Alabama: Birmingham.—District I opened its new club house on August 24 by holding open house, afternoon and evening. The Club houses the registry of which Mrs. Mary Walker Foster is registrar.

Georgia: Columbus.—The regular meeting of the Fifth District was held September 6, in the parish house of Trinity Episcopal Church. Plans were discussed for the coming state convention which is to be held in the city in November. All members of the Association are making efforts to have this, their first state convention, a success. Mrs. Hendrix read a history of the city which was intensely interesting.

Iowa: Des Moines.—The SEVENTH DISTRICT ASSOCIATION held its regular business meeting following dinner at Younkers Tea Room, September 6. Thirty-eight members were present for dinner; others came in for the business meeting. Delegates for the state meeting were elected. Ways and means of increasing interest in the district meetings were discussed.

New Jersey: Plainfield.—The first fall meeting of District I was held September 13 at the Muhlenberg Hospital. Unusually interesting reports of the Biennial Convention in Louisville were given by Eva Cuddy, President, and Arabella R. Creech. The importance of subscribing to, and reading the *American Journal of Nursing*, was very forcefully presented by Anne E. Bean. Marie Louis announced that the League calendar for 1920 would be off the press in November, and urged nurses to purchase this calendar instead of those put out by business concerns.

New York: Ogdensburg.—Mrs. Marion Potter O'Donnell has resigned her position as Superintendent of Nurses, St. Lawrence State Hospital; she is succeeded by Miss Cline of the Brooklyn State Hospital, Utica.—A course of eight lectures on Mental Hygiene will be given at the John F. Hughes School

October 3, "Your Mind and You," George K. Pratt, M.D.; October 10, "Hereditary and Environment as a Basis for Mental Health," Abraham Myerson; October 17, "The Protection of Early Mental Growth," Arnold Ossoli, M.D.; October 24, "Habit Training for Normal Children," Douglas Thom, M.D.; October 31, "Delinquencies of Normal Children," William Healy, M.D.; November 7, "Mental Hygiene for Adults," Thomas Verner Moore, M.D.; November 14, "Mental Hygiene in the Public Schools," Esther L. Richards, M.D.; November 21, "Mental Hygiene and Social Progress," Stanley P. Davis.

Texas: Galveston.—Several changes have occurred in the staff of the School of Nurses, John Sealy Hospital. Mrs. Edna M. Hausmann, Director of Nurses and President of District 6, has resigned to take a similar position at St. Luke's Hospital, St. Louis. Her position will be filled for the present by Xilema Faulkner. Annette Steen, Practical Instructor, and Mary Rose Engleton are also accepting hospital positions in St. Louis. Mrs. Clara Lennon succeeds Miss Steen.



Too Late for Classification

Massachusetts: The MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its autumn meeting at the Hotel Brunswick, Boston, October 23-24.

The BOSTON CITY HOSPITAL NURSES' ALUMNAE ASSOCIATION will hold its semi-centennial celebration, October 2-4, at the Boston City Hospital. "A Historical Sketch of the Training School," written by Mary M. Riddle, is now available.

New York: Additional information about the state meeting—the headquarters for the State League and the Public Health organization will be the Hotel St. George. For transportation, the nearest station is "Clark Street" on the New York Seventh Avenue, I. R. T. subway.

Utah: The UTAH STATE NURSES' ASSOCIATION will hold its annual meeting October 20 at the Hotel Utah, Salt Lake City, with afternoon and evening sessions. Dr. Potter of University of Utah will speak.



Deaths

Sister M. Anita, distiction for many years at Mercy Hospital, Council Bluffs, Iowa, in June, after an illness of many weeks. Sister

Anita was loved by all who knew her, and is a distinct loss to the hospital. She had worked out a central tray service which is very successful, one of the few central services in Iowa.

Viola Berquist (a student nurse, class 1929, Staten Island Hospital, Staten Island, N. Y.), on September 4, at her home in Pennsylvania. Miss Berquist was enjoying her annual vacation and was fatally injured in an automobile accident. Her death came as a shock to her classmates and her many friends.

Mrs. Haas (Anna Augusta von Besse, class of 1917, Lankenau Hospital, Philadelphia), suddenly, on August 3, in Philadelphia.

Mary A. Brightbill (class of 1918, Lankenau Hospital, Philadelphia), on June 8, of meningitis, at the Lutheran Hospital of Manhattan, N. Y. Miss Brightbill was Superintendent of the Lutheran Hospital for four years, then in the office of the chief surgeon. Her death came as a shock to her many friends.

Ida M. Chu (student nurse, class of 1931, Clifton Springs Sanitarium and Clinic, Clifton Springs, N. Y.), on June 23, after an illness of several weeks. Miss Chu came from Victoria, B. C.; she was well-qualified for her work and gave promise of becoming a bright and efficient nurse.

Glady L. Edwards (class of 1914, Chicago Polyclinic Hospital, Chicago), on August 11, in Pittsburgh, of angina pectoris. In 1918, Miss Edwards served in the Army Nurse Corps at Camp Sevier, N. C. For six years she was on the staff of the Public Health Nursing Association of Pittsburgh. At the time of her death, and for four years previous, she was finance officer of Kathryn Mae Joyce Post 809, American Legion. She was buried with military honors.

Mary Elizabeth Garrett (class of 1924, Harbin Hospital, Rome, Ga.), on May 2, at Rome. Miss Garrett was connected with the Darlington Hospital at Rome at the time of her death.

Willis R. Goets (class of 1934, Evangelical Deaconess Hospital, Chicago), Assistant Superintendent of Nurses of Allen Memorial Hospital, Waterloo, Iowa, from pneumonia, following an operation. Miss Goets was touring Yellowstone Park when stricken.

Mrs. Nellie Brewer Goodwin (class of 1901, St. Luke's Hospital, Bethlehem, Pa.), on June 20, in Louisville, Ky.

Frances Henry (class of 1909, Clifton Springs Sanitarium and Clinic, Clifton

Spring, N. Y.), on August 5, at the Sanitarium and Clinic. Miss Henry served overseas with Base Hospital 19; she was a conscientious worker, beloved by her associates.

Ida Houston (class of 1926, George Ben Johnston Memorial Hospital, Abingdon, Va.), on August 11, at her home, Saltville. Miss Houston bore a long illness with Christian fortitude and cheerfulness.

Lillie M. Katz (class of 1908, Lankenau Hospital, Philadelphia) on June 19, in Norristown, Pa., after a long illness. Miss Katz had been engaged in private duty until her illness. She was an active worker in her Alumnae Association and will be sadly missed.

Margaret Kean (graduate of the New Britain General Hospital, New Britain, Conn.) suddenly, of heart failure, on June 26, at Talladega, Ala., where she had been doing public health nursing for fifteen years. For five months previous to her death, Miss Kean had been infaney and maternity nurse of the Talladega County Health Department. She was enthusiastic over her work, loyal to her friends, inspiring them to greater efforts. She will be long remembered for her many acts of thoughtfulness and for her interest in her profession.

Mrs. Emma Schafer Moeller (class of 1908, Lutheran Hospital, Fort Wayne, Ind.), at her home in Monroe, Mich., June 30. Mrs. Moeller had done private duty nursing until her marriage.

Eva G. Peterson (class of 1901, Lankenau Hospital, Philadelphia, Pa.), on July 29, in Los Angeles, Cal., after a long illness. Miss Peterson had been engaged in welfare work for many years and was deeply interested in it.

Helen Wilson (class of 1922, John Sealy Hospital, Galveston, Texas), on June 15.

Mrs. John Fletcher Harris (Jane Christmas Yancey, class of 1879, Bellevue Hospital), at her home in Henderson, N. C., May 20. Mrs. Harris was a member of the second class to graduate from Bellevue, coming north after the Civil War, an almost unheard-of proceeding for a Southern girl of those days. She was probably the first young woman from North Carolina to take training. For twelve years she "nursed from Maine to California," giving up active work after her marriage. She was always kind and helpful to those in need. At the services after her death, a few old family slaves and their children came to pay tribute to her, as well as friends from near and far.

Some Other Books Worth Reading

By ISABEL ELY LORD

PERHAPS there are too many books that really ought to be read in the year of a presidential election, but we must mention two more—"American Parties and Elections," by Edward M. Sait (Century, \$3.75), an excellent résumé of the growth of our national parties and all their little ways, and "American Parties and Politics," by H. R. Bruce (Holt, \$3.75), a somewhat drier book to the present reviewer, but with lots of meat in it.

"The Rebellious Puritan: Portrait of Mr. Hawthorne," by Lloyd Morris (Harcourt, Brace, \$4.00) is one of the modern "psychological" biographies, as its name implies. You may not agree with all of Mr. Morris's interpretations, but you will find the book of absorbing interest. The extraordinary family of which Hawthorne was part is fascinating, if all but incredible.

Of all the biographies Emil Ludwig has been giving us, the most interesting to Americans is probably his "Bismarck: The Story of a Fighter" (Little, Brown, \$5.00). We have known less about this figure than about the others of whom he has written. The story is as vivid as modern biography has learned to be, and presents a wonderful picture of a great statesman and diplomat—not a great man, because he never put anything, God, man, country, family, above himself or his own desires. His wisdom in his plans for Germany is well brought out, and how his far-sightedness would have saved Germany much, had it been adopted by William II as a policy. Hatred is a keynote of Bismarck's character, and none was more bitter in him than his hatred for the young emperor whose weakness, or mistaken judgment, was one day to

drag his country down while he ran away from the consequences. The book is long and full, but every page is replete with interest.

A volume that may easily lead to the reading of many novels is Michael Sadler's "Trollope: a Commentary" (Houghton, \$5.00). It is a keen psychological study of that much-praised and much-maligned novelist, with excellent analyses of his books, and lists of them so classified that they can be read to the best advantage. Whatever may be said of Trollope's "mechanical" method of writing, there are few as readable tales to be found, and they are the essence of what Sadler calls the Englishry of the author—not fundamentally changed today, however the surface of English life may vary from that of the Victorian era.

The "Autobiographies" of W. B. Yeats have, as a subtitle, "Reveries over Childhood and Youth and the Trembling of the Veil" (Macmillan, \$3.50). Naturally they tell much of Irish political affairs, but the earlier part of the book is essentially the memories of a poet. Sometimes one is reminded of that most delightful of all poets' reminiscences, the "Memories" of Mistral. The volume should be read with Yeats's poems at hand, to be fitted in where they are mentioned. Such reading lends a special value to poems.

"Etched in Moonlight," by James Stephens (Macmillan, \$2.50) has a well-chosen title, so delicate and subtle are the lights and shadows of the seven stories in the volume. Of some of them the stuff is fantasy and dreams, of some, the hard realities of life, but all carry a dagger-thrust of poignancy.

About Books

A COLLEGE TEXTBOOK OF HYGIENE.
By Dean Franklin Smiley, A.B.,
M.D., and Adrian Gordon Gould,
Ph.B., M.D. 325 pages. Freely
illustrated, a few original drawings.
The Macmillan Company, New
York. Price, \$2.

BEING directed, primarily, to the college student, this book aims to give, in simple, non-technical language, the best scientific health knowledge in personal hygiene, with a touch of community problems and their solution. Use has been made of the newest discoveries in chemistry, bacteriology and medical science, while numbers of experiments and demonstrations, worked out by the authors among the 12,000 students of Cornell University, afford a freshness of material and its presentation that grip the reader at once and hold him throughout the thirty-four chapters into which the book is divided. Free use of data, gathered from thousands of questionnaires directed to students of the University, together with the broad experience of the authors, as teachers of personal and community hygiene and as medical advisers to the student body, give to this volume a width of scope and concreteness seldom reached in so brief a space.

The minimum essentials of anatomy and physiology are presented, and many theories are only briefly outlined, as the mechanism of heredity and the establishment of immunity, while use is made of interesting bits of history—as Aristotle's theory of respiration, and Galen's demonstration regarding the circulation of the blood.

Outstanding chapters include those upon personal prevention of tuberculosis; the choice of diet and the relation of cost, taste, bulk, etc., to

its scientific selection. In the chapter dealing with the prevention of mental diseases, the reader is sure to approve of the habits of mind recommended, beginning with "To be able to get enjoyment out of one's routine work, day by day"; and including "Being psychically hard rather than soft, not craving sympathy or demanding appreciation—not magnifying one's own difficulties." In outlining the effects of exercise upon the muscles, the heart, longevity, etc., the results of numbers of recent studies of strenuous college sports, as running, racing and rowing, tend to dispel some of the time-honored beliefs, as those of "athletic heart" and ill effects in sedentary after-life. At the same time, due emphasis is placed upon the dangers of exercise in extremes of age or diseased conditions—thus ensuring the book as a safe guide for its readers.

There is appended to each chapter, an up-to-date and well-chosen bibliography, to which frequent reference is made. Of the eleven sections into which the book is divided, the first two are introductory and general in scope and the remainder deal with the structure, functions and hygiene of the various systems of the body, including frank discussion of the genital system and the sex instinct, with a delicacy yet directness that place the subject upon a high plane of great value to the student.

This volume will be a distinct addition to the reference library of any school of nursing, and it is to be regretted that its direct aim, as useful only for the college student, may preclude its use as a text for student nurses, although this does not seem to be an insurmountable barrier to its use in the latter capacity. In the

experience of the reviewer, it requires but a short time for the book to prove its worth, when measured by its constant use after being placed among many other reference books on the shelves of a nursing library.

HELEN FARNSWORTH, R.N.
Missouri.

PRINCIPLES OF TEACHING IN SCHOOLS OF NURSING. By Sister John Gabriel, R.N. 128 pages. The Macmillan Company, New York. Price, \$2.

THE contents of the book, "Principles of Teaching in Schools of Nursing," has been divided into twelve chapters, each one filled with valuable suggestions. A teacher wishing to enrich her classroom technic can gather many ideas from this book.

The statement that "a teacher is made and not born" is true. That one of our big problems is "to recruit teachers for our schools of nursing" is likewise correct. Every school of nursing uses teachers, but how many teachers an individual school of nursing has produced to keep up the supply in many instances is almost a depleted numeral. However, there appears in this book a challenge to the intellect of the teacher, urging her to work at maximum capacity, through the medium of lecture, demonstration, recitation, laboratory, library study, lesson preparation and bedside nursing, that appeals to the nurse who is looking for help in teaching student nurses.

There is also the "question" (a heretofore much-discussed teaching tool), consuming nine pages of space and the "who," "what," "when" and "where" situation has been extended to "how" and "why" in explanation of the value of the question in teaching. Another suggestion in this chapter is "planning the lesson around

questions" to provoke thought and stimulate the students' understanding of the subject.

Then there is the drill lesson, the assignment, the choice of textbooks, lesson plans, case-study method, examination and marks, all of which add to the principles underlying the educative processes.

The selected references (twenty-nine in number) would make an ideal private library for the teacher. They represent the best publications on teaching methods, and the nurse needing stimulation would find it in this shelf of reference books.

The subject material of the book under discussion has been presented without verbosity. It is a clear exposition, therefore, worthy of a place in the school library.

CAROLINE V. MCKEE, R.N.
Ohio.

DAWN. By Reginald Berkeley. 246 pages. J. H. Sears and Company, Inc., New York. Price, \$2.

HAVE you read "Dawn"? If not, lose no time in getting a copy; not one from the nearest public library, for a single reading, but one for a permanent place on your bookshelves. No human being, surely, can read the book and not be moved to protest against war and the ruthlessness of war; against its inhuman codes and practices. No nurse can read the book and not feel a thrill of pride in the simple, unostentatious devotion to what she deemed her duty, displayed by the heroine of the book, Nurse Edith Cavell.

However well sustained may be the objection to showing the motion picture, "Dawn," no reasonable, thinking man or woman could, it would seem, protest against the circulation of the book. It belongs in the class with "Uncle Tom's Cabin," in that it

is frankly propaganda against war as the former book was against the practice of slavery.

The book is not an indictment of the German nation, not an attack on any nation, but is an arraignment of war anywhere at any time. Neither does the author give voice to bitterness or rancor against individuals; he recognizes the fact that those directly responsible for the tragic fate of the nurse were themselves victims of the machinery of war.

Captain Reginald Berkeley, who prepared the scenario, is also the author of the book; he definitely states in the "Footnote to History" that the book "is not a biography but a work of fiction; that is to say, it is an attempt at reconstructing the story as I think it might have happened, given the bare bones set forth in the preface."

Captain Berkeley has been true to the great task of delineating the simplicity, the devotion to duty, the true nobility of character of the heroic nurse who is the central figure of the story. The reader can but be impressed with the feeling that Captain Berkeley felt (and makes the reader feel) that the law that Edith Cavell set above the military code, is higher than the law of war.

"I realize that patriotism is not enough. I must have no hatred or bitterness against anyone." These words of Edith Cavell's are worthy of a place in history beside the utterances of other heroes of war and peace.

EDITH D. HERTZLER, R.N.

Kansas.

Mr Wm. By Mabel Adams Ayer, R.N. 28 pages. The Stratford Company, Boston. Price, 50 cents.

LUCY WARD STEBBINS, Dean of *L Women of the University of California*, says in the foreword to

this little collection of poems by a nurse: "A brave spirit, supported always by active service and serene faith has found expression here with a simplicity and "fervour" which must touch the hearts of all who read." The titles of some of the eighteen poems reflect the spirit of the writer, for among them may be found "Three Mamas," "Happiness," "Blindness," and "The Nurse." The lines "To Linda Richards" have been reprinted from the *Journal*. Many *Journal* readers will be glad that the booklet will be available for holiday giving.

CATHOLIC MEDICAL MISSIONS. Edited and compiled by Floyd Keeler. 222 pages. Illustrated. The Macmillan Company, New York. Price, \$2.50.

THIS book is based, according to the foreword, upon material which has worked up from meetings of the Medical Mission Board of the Catholic Hospital Association of the United States and Canada. It is intended to start Catholic physicians and nurses, hospital Sisters and lay people, thinking along the line of medical missions. Dr. Paluel Flagg, of the committee, is quoted as follows:

In Protestant activities, the hospital often comes first. The mission forms about the hospital. The medical preacher, the ordained doctor of medicine, is a more valuable man than either the preacher or the doctor who has no double qualification. Catholic medical missionaries have never confused their objective; they have never allowed humanitarianism to displace or to occupy an equal position with the work of conversion. As a consequence, the Catholic medical mission will never assume the importance in Catholic mission work which Protestant medical missions have occupied in Protestant activities. This proper relegation to a position of secondary importance has, until recently, caused the value of medicine, as an arm of the mission activity, to be quite under-valued and obscured.

Work is described which is now under way in Eastern Asia, in India, and in Africa. The book is interestingly written and is well illustrated.

THE PROCESS OF GROUP THINKING.
By Harrison Sackett Elliott. 240 pages. The Association Press, New York City. Price, \$3.

"**THE** Process of Group Thinking" is a presentation of the methodology of group discussion. The author, a professor in the Union Theological Seminary, New York, has had wide experience with the Young Men's Christian Association as chairman of discussion groups, as director of conferences and conventions, and in the training of leaders for such groups. He states the purpose of the book as being "to show how a group of people may actually make a constructive attack on a problem which concerns its members." It outlines a technic by which each individual can put in practice, in the daily conduct of his own affairs, the ideal of democracy so widespread among the American people today. The steps in the outline developed are based on Dewey's familiar description of a complete act of thought and may be briefly quoted as follows:

- I. The situation and its problem
- II. What to do
 - a. Examination of possibilities
 - b. Exploration of differences of fact and discussion of differences of point of view
 - c. Reaching a conclusion
- III. How to do it

What are the ways and means of putting the decision into effect?

In the second chapter the author states certain principles which underlie scientific group thinking. The three of these which seem to stand out are:

1. Group thinking, like individual thinking, has to be learned.

2. Learning is an active process, hence only an individual contributes to the solution of a problem will be able to take his part in carrying it into effect.
3. Group thinking is not an argument or a debate but the cooperative search for a new solution to a common problem.

Throughout the book the qualifications and duties of the chairman are emphasized, because in large measure the success of the discussion depends upon its leadership.

The book is well organized and the points clearly presented. If any criticism is to be made, it would seem to be that it is unnecessarily detailed. It should certainly prove to be a helpful handbook to any leaders of groups who wish to introduce more democratic methods of group control. Superintendents of nurses should find it helpful in conducting staff meetings.

M. LOUISE BEATTY, R.N.

New York.

BOOKS RECEIVED

THE ANIMAL WAY. By Jean Broadhurst. 64 pages. Illustrated. Published by School Department of Cleanliness Institute. New York. Price, 25 cents.

This is one of the most diverting publications yet put out by the School Department of the Cleanliness Institute. It is intended for use in kindergarten, first and second grades. One book may be obtained free for each of the grades. Additional copies may be purchased at \$20 per hundred copies, in lots of 25 or more, or 25 cents per single copy.

HAY FEVER AND ANEMIA. By Ray M. Balyun, M.D. Second edition, revised and enlarged. 210 pages. Illustrated. F. A. Davis Company, Philadelphia. Price, \$2.50.

MODERN METHODS OF TREATMENT. By Logan Clendinning, M.D. Second edition. 215 pages. Illustrated. C. V. Mosby Company, St. Louis. Price, \$10.

APPLIED CHEMISTRY FOR NURSES. By Joseph L. Rosenthal, Ph.D. Second edition, revised. 220 pages. Illustrated. W. B. Saunders Company, Philadelphia. Price, \$2.

Official Directory

International Council of Nurses.—Sec., Christina Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The American Journal of Nursing Company. Office, 370 Seventh Ave., New York. —Pres., Anna M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Stella Gentry, Children's Hospital, Boston. Treas., Mary M. Riddle, case American Journal of Nursing, New York, N. Y. Edit. M. Lawler, Baltimore; Sally Johnson, Boston; Mrs. Elizabeth Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Pres., S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Cotton, New England Hospital for Women and Children, Dimock St., Boston 19, Mass. Headquarters Dir., Janet M. Giesler, 370 Seventh Ave., New York. Sections: Private Duty, Chairman, Anna E. Gladwin, 288 E. Voss St., Akron, O. Mental Hygiene, Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. Legislation, Chairman, Josephine E. Thurlow, Cambridge Hospital, Cambridge, Mass. Government Nursing Service, Chairman, Elmer D. Gregg, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C. Relief Fund Committee, Chairman, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Revision Committee, Chairman, Marie Louis, McManis Hospital, Plainfield, N. J.

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